MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

19994	349.70			CEIZIII I	CATE OF	DLATII				135	
. DECEASED-NAME (Type ar print)	First		Middle	Ras	Last rnes		2a. DATE OF	mber <sup>Month</sup>	2 gay	1968	26. HOUR
. SEX		4. RACE	Center	De.	5. DATE OF B	IRTH	septe		ears _	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		White			April	7, 188	7	6. AGE (In ye	YRS.	5 20 PAYS	HOURS MIN
D. BIRTHPLACE (State or fountry)  NILLIAMSPOR  O. CITY OR TOWN OF DEA	t, Md.	U. S	VHAT COUNTRY?  A.  NAME OF HOSPITAL OR IN	WIDOWED	CE 25	RCED		ington		Liei vinis er	A
Fairplay		give	street address)			during mas	Machine Machi	(Kind of world if e even if re	etired.)	INDUSTRY AUTO	BUSINESS OR
a. USUAL RESIDENCE (Wi Imission) STATE Maryland		lived, if institution 13b, COUNTY Wash		I3c. CITY 0		13d. INSIDE CITY LIM		reet and num	ABER		
. FATHER'S NAME F	irst	Middle	Last		IS. MOTHER'S M	IAIDEN NAME Fir	st	W	iddle		Last
Thor		C.	Barnes			Mary		therin			ipple
Sa. WAS DECEASED EVER	IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY		INFORMANT					View D	r.
Yes na, ar unknawn)			376-05-54	35 Mr	. Rober	t O. Ba	rnes	Columb	us,		
18. CAUSE OF DEAT	H (Enter anly a	ne cause per	line far (a), (b), and (c	).)	12	,	-				IMATE INTERVAL DISET AND DEATH
PART I. DEATH	WAS CAUSED B	Y: CAUSE (a)	any	conti	ve the	and L	aile	2.		5-	xeam
	IMMEDIALE	CAUSE (U)	- 0 -	V -							
14/29	IMMEDIATE	DUE TO, OR	AS A CONSEQUENCE OF	8		D	2 -				)
Canditians, if any, w	hich gave)	DUE TO, OR	AS A CONSEQUENCE OF	Iler	ati-e	Pue	X T	iline		Yea	us.
rise ta immediate o	hich gave) ause (a),	DUE TO, OR  -(b)  DUE TO, OR	AS A CONSEQUENCE OF ALL CONSEQUE	Jeler	tre	Rue	XT	Jine		yea	45
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rise to immediate of stating the underly last.  PART 2. OTHER SIGN	hich gave ause (a), ing cause	DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF UTING TO DEATH BUT N				- 1263		*	yea.	<i>u</i> ,
rise ta immediate of stating the underly last.  PART 2. OTHER SIGN	hich gave ause (a), (and cause (a), (a), (a), (b), (c), (c), (c), (c), (c), (c), (c), (c	DUE TO, OR  (c)  TONS CONTRIB	AS A CONSEQUENCE OF	NOT RELATED 1		AL DISEASE OR CO	NDITION GIVE	N IN PART 1(a)	)	The analysis of the second of	<i>u</i> ,
rise ta immediate of stating the underly last.  PART 2. OTHER SIGN  4.2.0.0  19a. DATE OF OPERATION  21a. ACCIDENT WAS	hich gave ause (a), ing cause (b) IFICANT CONDITION 19b, CON UNDERLYING CAUSE OF DEATH dical examiner)	OUE TO, OR  (c)  IONS CONTRIB  IDITION FOR W  21b. TIME ( HOUR A.M. P.M.	AS A CONSEQUENCE OF  UTING TO DEATH BUT M  HICH OPERATION WAS PI  OF INJURY  Manth Day Year	FERFORMED  21c. F	20g. AUTO YES	AL DISEASE OR CO	20b. IF	N IN PART 1(a) YES, WERE FIN OF DEATH?	) NDINGS CO		<u>.</u>
rise ta immediate of stating the underly last.  PART 2. OTHER SIGN  19a. DATE OF OPERATION  21a. ACCIDENT WAS  OR CONTRIBUTING  (If either, natify med at wark work and wark at wark a	ing cause (a), ing cause (b), ing cause (b). IFICANT CONDITION 19b. CON UNDERLYING CAUSE OF DEATH (lical examiner) ED 21e. PLA	OUE TO, OR  (c)  IONS CONTRIB  IDITION FOR W  21b. TIME ( HOUR A.M. P.M.  ACE OF INJURY	AS A CONSEQUENCE OF  UTING TO DEATH BUT N  HICH OPERATION WAS PI  OF INJURY  Manth Day Year  (AT HOME, FARM, STREET, FA	ERFORMED  21c. H	20a. AUTO YES HOW INJURY OC	AL DISEASE OR CO  OPSY?  NO CURRED (Enter )  et ar R.F.D. Na.	20b. IF CAUSES nature of injus	YES, WERE FIN OF DEATH? Ty in Part 1 ar	) NDINGS CC Part 2, It	tem 18.)	CERTIFYING
rise ta immediate of stating the underly last.  PART 2. OTHER SIGN  19a. DATE OF OPERATION  21a. ACCIDENT WAS  OR CONTRIBUTING (If either, natify mediat wark)  21d. INJURY OCCURR While In Nat while at wark  22o. I certify the saw the de	ing cause (a), ing cause (b), ing cause (b).  IFICANT CONDITION  IPIDERLYING  CAUSE OF DEATH  CAUSE OF DEATH	DUE TO, OR  (c)  IONS CONTRIB  IDITION FOR W  21b. TIME ( HOUR A.M. P.M. ACE OF INJURY	AS A CONSEQUENCE OF  UTING TO DEATH BUT M  HICH OPERATION WAS PI  OF INJURY  Manth Day Year	ERFORMED  21c. H  ACTORY,) 21f. I	20a. AUTO YES HOW INJURY OC  OCATION Stre	AL DISEASE OR CO  OPSY?  NO CURRED (Enter )  et ar R.F.D. Na.	20b. IF CAUSES nature of injus	YES, WERE FIN OF DEATH? Ty in Part 1 ar	) NDINGS CC Part 2, It	tem 18.)	CERTIFYING
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rise ta immediate c stating the underly last.  PART 2. OTHER SIGN  19a. DATE OF OPERATION  21a. ACCIDENT WAS  OR CONTRIBUTING (If either, notify med 21d. INJURY OCCURR While Nat while at wark 22o. I certify the saw the de causes state	ing cause (a), ing cause (b), ing cause (b).  IFICANT CONDITION  IPIDERLYING  CAUSE OF DEATH  CAUSE OF DEATH	DUE TO, OR  (c)  IONS CONTRIB  IDITION FOR W  21b. TIME ( HOUR A.M. P.M. ACE OF INJURY  TOOSpitol) at the contribution of the	AS A CONSEQUENCE OF  UTING TO DEATH BUT M  HICH OPERATION WAS PI  OF INJURY  Manth Day Year  (AT HOME, FARM, STREET, FI  OFFICE BUILDING, FTC.  tended the deceose  ) (did not) view the	ERFORMED  21c. H  19 ACTORY,) 21f. L  sed from	20a. AUTO YES HOW INJURY OC  OCATION Stree  3 - 16  and that in (m death.	OPSY?  NO CURRED (Enter of the control of the contr	20b. IF CAUSES nature of injute in deoth of the causes of the causes of the causes of the cause	YES, WERE FIN OF DEATH?  Ty in Part 1 ar ar Tawn  Toccurred on	Part 2, In the dat	Caunty  Caunty  6 & , tha te and hour  DATE SIGNED 7 - 2 8 ,	State  t (I) (we) Ic and fram th
rise ta immediate c stating the underly last.  PART 2. OTHER SIGN  19a. DATE OF OPERATION  21a. ACCIDENT WAS  OR CONTRIBUTING [If either, natify med 21d. INJURY OCCURR While [Image] Nat while at wark  22a. I certify the saw the de causes stat  22b. SIGNATURE	IFICANT CONDITION  UNDERLYING CAUSE OF DEATH  IFICANT (I) (this I ceased alive ed obove, (I)  23b. DAT	DUE TO, OR  (c)  IONS CONTRIB  IDITION FOR W  21b. TIME ( HOUR A.M. P.M.  ACE OF INJURY  TO Spitol) at the an analytic structure of the contribution of the contributi	AS A CONSEQUENCE OF  UTING TO DEATH BUT M  HICH OPERATION WAS PI  OF INJURY  Manth Day Year  (AT HOME, FARM, STREET, FI  OFFICE BUILDING, ETC.  tended the deceos  23c. NAME OF	ERFORMED  21c. H 19 ACIDRY, 21f. L seed from 19 ACIDRY of the bady after  DEG  DEG  TEMETERY OF	20a. AUTO YES HOW INJURY OC COCATION Stree COCATION Stree ATTENDI PHYS. 22e. ADI	OPSY?  NO CURRED (Enter of the triangle) (our) apin  NG MED (ERESS Book)	20b. IF CAUSES nature of injure of i	YES, WERE FIN OF DEATH?  Ty in Part 1 ar  Tawn  Tawn  STAFF PHYS.  N (City ar Taw	Part 2, It the date of the dat	Caunty  Caunty  6 & , tha te and hour  DATE SIGNED 7 - 2 8 ,	State  t (I) (we) Ic and fram th

VR A15 (4) 30M REV. 1/68

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. af Health prior ta burial, crematian, or removal, and in any-event, within 72 haurs after

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat

Page 4 may be retained by the hospital or attending physician.

ted within 24 haurs after

John H. Bast, Jr. 112 N. Main St. Boonsboro, Molyate

1968

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The State of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13538 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 2n DATE OF DEATH death. be executed within 24 hours after death and (Type or print) Rou Orlando Barr 3. SEX 4 RACE 5 DATE OF BIRTH IF HNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (in years last birthday) MONTHS I DAYS HOURS October 12.1968 Male 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED country) Washington DIVORCED [ Hagerstown Md WIDOWED [ 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) ¥ and completely fremove carbon Hagerstown 129 Fairground Ave 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER any event. Mary 129 Fairground Ave. YES X Hagerstown 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last Middle Last Clarence Barr Cora Elizabeth Dowler. please 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no er unknown) (If yes give war or dates of service) Mrs. R.O. Barr 129 Fairground Ave. Hagerstown or removal, 220-30-9600 hen 18. CAUSE OF DEATH (Enter only one cause per line for (p) (b), and (c).) PART I. DEATH WAS CAUSED BY permit IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A COMSEQUENCE OF Canditians, if any, which gave burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ far use Heolth be retained by the hospital or this certificote 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark After 220. I certify that (I) (this hospital) attended the deceased fram\_ 19 ( and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an O FUNERAL DIRECTOR: causes stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR director, poge should be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Page 4 may NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) REMOVAL (Specify) Rest Haven Cemetery Hagerstown-Washington-Md. VR A15 (4)() est Haven Funeral Chapel DATE Hagerstown Md

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13539 1355 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR ours ofter death (Type or print) September James 1968 MANY Barrett 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 NRS IF UNDER 1 YEAR lost birthdoy) NOURS Male September 2, 1968 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Washington WIDOWED [ DIVORCED [ Hagerstown Md. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) INDUSTRY Hagerstown Washington ( none none and in any event, pleose remove car 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the deoth certificate be executed odmission STATE 114 W. Franklin St. Hagerstown 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost attending physician ond permit. Then please rem Barrett Ann Bernard Patricia *yearhart* 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, No or unknown) (If yes give war or dates of service) cremation, or removal, C. Barrett 114 W. Franklin St. Hagerstown Bernard none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove: burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) peen as the prior to l be retained by the hospitol or attending 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? ed for use of Health p YES F NO F TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 of Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. State Dept. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while of work TENDING 220. I certify that (1) (this haspital) attended the deceased fram 9 sow the deceosed alive on\_ and that in (my) (aur) opinion death accurred on the date and hour and from the causes-stated above. (1) (we) (did) (did not) view the body after death. 22b. SUBNATURE 22c. DATE SIGNED **ATTENDING** DEGREE director, poge should be filed DIRECTOR PHYS. Page 4 moy 22d. PHYSICIAN'S 22e. ADDRESS ? 23c. NAME OF CEMETERY OR CREMATORY 4-23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) Buck Hill Church Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DATSFP 9 1968 30M REV. 1/68 Rest Haven Juneral Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13540 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 2a. DATE OF DEATH (Type or print) Edward Louis S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years lost birthday) executed within 24 hours att and completely filled in by the 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED remove corbon popers. Canonsburg Pa DIVORCED [ Washington WIDOWED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital Washington County during mast af working life, even if retired.)

Owner & Operator Hagerstown 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 121 N. Ridge Dr. 14. FATHER'S NAME MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no er unknown) [ (If you give war or dates of service) Mrs. Florence Bell 121 N. Ridge Dr. Hager law requires that the death certific burial, cremotion, or removal 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the ottendin burial-transit permit. PART I. DEATH WAS CAUSED BY Conditions, if any, which gave ) rise to immediate couse (a), be retoined by the hospital or ottending physician. stating the underlying cause last. 4 201 Page 4 may be returned by me may been to FUNERAL DIRECTOR: After this certificate has been a former of the contract of the con 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 200. AUTOPSY? CAUSES OF DEATH? YES ON NO T for use Health 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. 10 (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town While Nat while at wark of work TENDING 22a. I certify that (1) (this haspital) attended the deceased fram\_\_\_\_ and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE MED. DIRECTOR r, poge 3 PHYS. Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS 363 S. Cleveland Ave. Hagerstown, Md. Edson B. Moody. NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. 8URIAL, CREMATION, REMOVAL (Specify)

Rest Haven Juneral Chapel

Rest Haven Cemetery Hage
ADDRESS 250. REC'D 8Y REGISTRAR

DATE

Hagerstown, Md.

30M REV. 1

Hagerstown-Washington-Md.
GISTRAR 25b. REGISTRAR'S SIGNATURE Ocharles

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22c. DATE SIGNED

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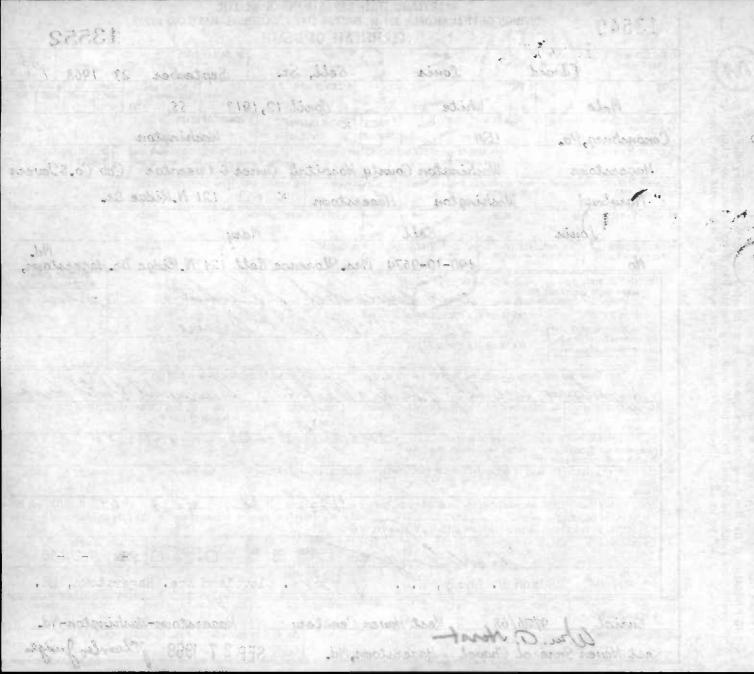
DAYS

12b. KIND OF BUSINESS OR

2b. HOUR

HOURS

30



death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be exemple 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
<b>DIVISION OF STATISTICAL</b>	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAN
10515	CERTIFICATE OF DEATH	13553

-					- 4	
1.	PLACE OF DEATH 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If	institution: Res	inklin
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits,		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS			e. IS RESIDENCE
	Washington County Hospital					ON A FARM? YES NO S
3.	(Type or print) Bruce Mortz	Middle Bishop	Last	4. DATE MCOF DEATH Sept.	23. 196	Day Year 58 19
5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED 3	. DATE OF BIRTH	19 AGE 7In vea	ITS   IF ONDER 1	YEAR IF UNDER 24 HRS.
n	M White WIDOWED		ept. 12, 190	6 62 yrs		ays Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. Kir ring most of working life, even if retired) IN	ND OF BUSINESS OR DUSTRY		nty & State, or foreign cour	ntry)   12. CIT	IZEN OF WHAT
	Tavern operator	DOSTRI	Adams Co,	Penna.		S.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDE			
	J. Mark Bishop		Annie Mc	Cleaf		
15		SOCIAL SECURITY NO.   17.	INFORMANT	Add	dress	
(,	no la diskumi)	62-10-6217 M	rs. Bruce M.	Bishop Q	uincy. I	Penna.
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Acute	cardiac failu	re			ONSET AND DEATH
	2029 DUE TO					
	Conditions, If any, which ) (b) Obstr	uction, superi	or vena cava		-3-	4 wks.
	gave rise to immediate cause (a), stating the DUE TO					
		oma, anterior	mediastinum			6 mon.
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA	Diabetes mellitus.					YES NO X
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of I	njury in Part i or Part i	I of Item 18.)	
CAL	20c. TIME OF INJURY Month, Day, Year   20d. IN.	JURY OCCURRED   20e. PLAC	CE OF INJURY (Home, fare	m, 20f. (City or town	) (Coun	ty) (State)
MEDICAL	Hour a.m. While p.m. 19 at work	- MOL WILLE -	y, street, office bldg., etc	•)		
Σ	21. I certify that (I) (this hospital) attended		pt. 14 10	68 to Sept.	23 10 68	that (I) (we) last
	saw the deceased alive on Sept. 23	19 68 and that	death occurred at 9:	30MAfrom the caus	es and on the	date stated above.
	22a. SIGNATURE //		death cocorred degra	JEENING THE COOL	22b. DAT	TE SIGNED
	J. A. Hehre	M.D.	ATTENDING MI	ED. STAFF PHYS.	79-1	3-68
K.	22c. PHYSICIAN'S NAME (Type) T U VOUNT M		22d. ADDRESS			
	J. H. KEHNE, M	. D.	1229 Rave	enswood Hts.	,Hag., N	ld.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Soecify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town or coun	ty) (State)
	Burial Sept. 26,1968	Quincy Com	etery	Quincy For D BY REGISTRAR 25b.	ranklin,	Penna.
2	I. FUNERAL DIRECTOR	ADDRESS	CE			
	Naller & Suare	Waynesboro,	Penna DATE SE	T & 0 1300	geliary	as Judge
					-	

VR A15 (4) 20M 1/65

1 7 7 3 1. Tranklin on user of the DOJN HELDER 9 days Laborat Confest School state codere signi e pri engli. es . 1355 Sept. 12, 1905 62 edit. Adams Co, Fenna. Tavera operator .A. E. U Annie McCleaf J. Mark Binhop 162-10-217 hrs, bruce M, Hishop Cancy, Benn, and a CLF ownilled to the a object Contract Con BOY 6 rur i di la collectione de la collection militario apples district son Silver al Ministration compressione Carte Santa Control of the Control o Burial Sept. 25,1950 Caincy Contery Onincy, Franklin, Tonn. The second prime with the second seco

Competely filled in by the competers. Purposes on the control of t

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or ottending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

13554

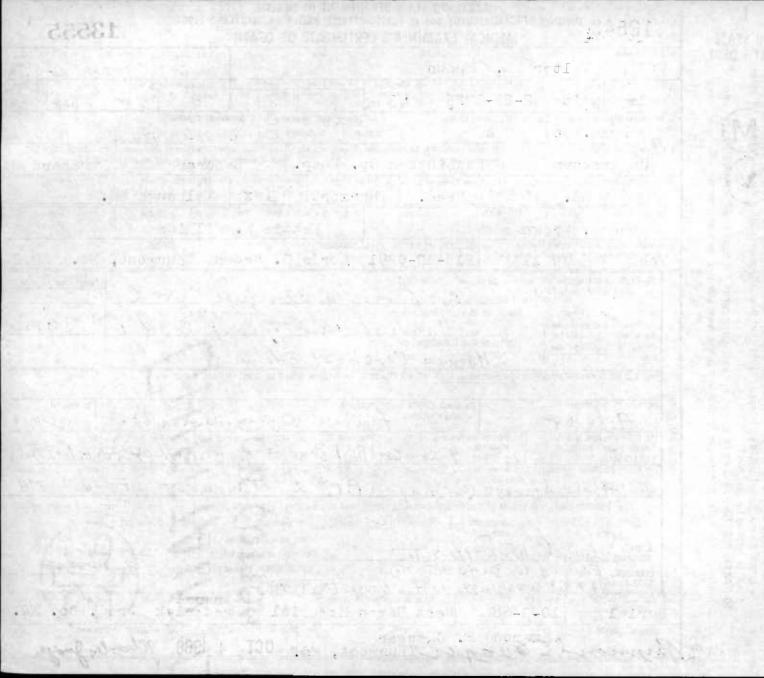
			,	TEKILLI	AIL OF DE	AIII						
	ASED-NAME First e or print)		Middle		Lost	20.	. DATE OF (			Y-0-	2b. H	HOUR 8
(туре	Keef	er	David		Bowers		Sept	Manth 9 Do	190	50	8:	:15N
3. SEX	Male	4. RACE Whi	te		5. DATE OF BIRTH 10/19	/98		6. AGE (In years last birthday) 69 YRS.	MONTHS	R 1 YEAR OAYS	IF UNDER HOURS	24 HRS. MIN.
7o. BIR country	THPLACE (Stote or foreign  Maryland	7b. CITIZEN OF WHA		WIDOWED		A.	WAS	DEATH SHINGTON	TIME			Mo
H	OR TOWN OF DEATH  AGERSTOWN  UAL RESIDENCE (Where decea	give st	ME OF HOSPITAL OR INStreet oddress) STERN MD.	STATE	HOSPITA	during mast af	warking li		12b. INDU	KIND OF USTRY	BUSINESS	OR
	on) STATE Marylan o			Thurn		NO NO	R1	EET AND NUMBER				
14. FATI	HER'S NAME First	Middle	Last	1:	. MOTHER'S MAIDEN			Middle			Lost	
	Eli	David	Bowe			Lilli	e	Belle		Wed	dle	1
	AS DECEASED EVER IN U.S. AR na, ar unknawn) (If yes give	MED FORCES? war or dates of service)	213-10-2		arle W.	Bower	? S	Address Thurmo	nt,			RD
18	3. CAUSE OF DEATH (Enter or	nlγ ane cause per line	e for (o), (b), and (c).	)	BEETEN HULL						NATE INTERV	
			Multiple		na				1	yr.	and .	no.
	do3 X		A CONSEQUENCE OF					-1/10				
	onditions, if ony, which gove											
	se to immediate cause (a), ating the underlying cause	DUE TO OR 40	A CONSEQUENCE OF									
	st.	(c)			4-44-43		1 R					
P	ART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DIS	EASE OR CONDIT	TION GIVEN	IN PART 1(o)				
Z 7	103 X											
CERTIFICATION	o. DATE OF OPERATION 196.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	NO 🔀		YES, WERE FINDINGS OF DEATH?	CONSIDER	CED IN CE	RTIFYING	÷
Z C	a. ACCIDENT WAS UNDERLYI ] or contributing ☐ cause of oea f either, natify medical exam	HOUR A.M. P.M.	Month Boy Weor	25 7 7	*	,•	ure af injury	in Port 1 or Part 2,	Item 18.	)		
W	wark at wark		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Town	Coun			tate
22	2a. I certify that (I) (the saw the deceased of couses stated above	nix kosnital) atte alive an Ser e, (I) (%e) (did) (	nded the decease ot 9 1	ed from 9 <u>68</u> , on body after	6/18 d thot in (my) ( death.	, 19 <u>68</u> <b>∂Ū/)</b> opinion	, to_9 death o	ccurred on the d	ote onc	., that d hour	(I) (was ond fro	e) los em th
22	2b. SIGNATURE  Pennen	- 10		DEGI	ATTENDING	MED. DIRECTO		220	9/9/	GNED		
22	ed. PHYSICIAN'S NAME (Type) Domi	ingo A. Ga	arcia, M.I	).	22e. ADDRESS 1500	Pennsy.		a Ave., H				
	URIAL, CREMATION, 23b.	DATE 12-68	23c. NAME OF Low 1.5	CEMETERY OR	Crematory Cemeter	y 2330	LOCATION	town Fr			S'ME)	i.
200			C ADDRESS		250	. REC'D BY REC		25b. REGISTRAR			let.	

Thurmont,

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician director, page 3 should be detached far use as the burial-transit permit. Then please should be filed with the State Dept. af Health prior to burial, cremotian, or removal, and

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and the same	- M 8881 1 1 932+ 35 km	emist is a said	Barren VEB

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13555 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month (Type or Print) ESTI-Walter Brown DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD pup 2-22-1925 male white 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH Fred. Co USA WIDOWED [ DIVORCED Washingt 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done give Washishgton Co. Hosp. during most of working life, even if retired.) Hagerstown 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE 16b. COUNTY Thurmont Fred. Kelbaugh Rd. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Last John T. Brown Mettie W. Wilhide 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (Yes, no, or unknown) 219-12-0291 Doris S. Brown Thurmont. Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Compression IMMEDIATE CAUSE (a)\_\_\_\_ Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the word stoting the underlying couse Cerebral Edema . ⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 19b. CONDITION FOR WHICH OPERATION 190 DATE OF OPERATION 20. AUTOPSY? 9-26-68 YES NO T please execute the certificote, 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 26 1968 CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town 21e. PLACE OF INJURY (At home, form, street, County factory, office building, etc.) burial, 22a. I certify that I took charge of the remains described abave, held an Autapsy I Inspection I. Inquiry and in my apinian Natural causes . Accident . Suicide . Homicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER EXAMINER'S Edward W. Ditto TIT 5 moy ro FUNE Health W. Washington St. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION SCUL or Town) 10-2-68 Rest Haven Memorial Frederick Fred. Co. Md. mond E. Creager Thurmont. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Md DATE OCT 4 1968 VR A15ME (5)



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

RUYS

Last

S. DATE OF BIRTH

July 4 1877

2a. DATE OF DEATH

Month

6. AGE (In years

lost birthdoy)

91

1968

Day

YRS

Middle

Year

IF UNDER 1 YEAR

MONTHS

2b. HOUR

9 PN

HOURS

Lost

BETWEEN ONSET AND DEATH

State

(Stote)

County

22c DATE SIGNED

(County)

12b. KIND OF BUSINESS OR Own Home

IF UNDER 24 HRS.

The state of the s		135
M		ype or print)
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1 5 YO	В	oonsb
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t pe t pe		Conditions, if o
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Page 4 moy be retained by the hospital or ottending physician. <b>5 FUNERAL DIRECTOR:</b> After this certificate hos been signed by the attending physician ond complete director, page 3 should be detached far use os the burial-transit permit. Then please remove cart should be filed with the State Dept. of Heolth prior ta burial, cremotion, or removol, and in ony event,		stating the ur last.
phy sign buri ouri		PART 2. OTHER
ding een the or ta	N	42
tending os been os the prior ta	CATIC	190. DATE OF OF
the se X	CERTIFICATION	
ficate ho ficate ho far use f Heolth p	IL CE	21a. ACCIDENT
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hos s ce ache ept.	W	21d. INJURY O While Mot
the det		at work at
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CTO Sho /ith		22b. SIGNATURE
or respectively.	-	10 /-
AL C		22d. PHYSICIAN
d b	1	NAME (Ty
Poge 4 moy of FUNERAL I director, pag should be fill	23a.	
\$ 0 0 to		REMOVAL (Spec

May after death.

law requires that the deoth certificate be executed

First

LENA

4. RACE

White e or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED DIVORCED [ WIDOWED X Washington USA rsey 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done F DEATH give street address) during most of working life, even if retired.)

Housewife Fahrney- Keedy Mem Home OTO CE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Shington YES NO Hagerstown 42 Broadway and First Middle Last IS. MOTHER'S MAIDEN NAME First De Groot Elizabeth (unknown 16b. SOCIAL SECURITY NO 17. INFORMANT IN U.S. ARMED FORCES? (If yes give war or dates of service) None H. Buys 1039 Hamilton Blvd Hagerstown Md. DEATH (Enter only one cause per line for (a), (b), and (c). EATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF any, which gave liate cause (o). signed by burial-tran buriol, crer DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior ta O FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? far use os CAUSES OF DEATH? Heolth YES [ NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 5 (If either, natify medical examiner) P.M. should be detached 21d. INJURY OCCURRED with the State Dept. ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town OFFICE BUILDING, ETC. While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an-.1% and that in (my) (eur) apinian death/occurred an the date and haur and fram the causes stated abave, (I) (we) (did not) view the bady after death 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE director, page should be filed PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION

Middle

DE GROOT

Rest Haven Cemetery Hagerstown Wash Co 2Sb. REGISTRAR'S SIGNATURE Hagerstown Md ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1968 DATSEP K. Coffman Funeral H ome Inc

VR A15 (4) 30M REV. 1/68

LEAR. DE CE DOT BUYS Sept 4 1969 10 1731 A V 00 efid: elsesi A su Joseph a suington Boomsboro Fanthey-Keedy on Home Houseville Una Home Haryland Washington Hagerstown X 42 Broudway George De Groot yo --- None George H. Buys 1939 Raph Clvc of

Burial 97/68 Rest Raven Cometery Sugerstown Wish Co Md. ib mojernouh andr w K. Coffeen Suneral hone inc

My

13545

Maugansville

Conditions, if any, which gave

Yes, na, or unknawn)

DECEASED-NAME

(Type or print)

3. SEX

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION O	F VITAL RECORDS, 301 CER1	W. PRESTON STREET, BALTIN	IMORE, MARYLAND 21201 13557.	
rtle	Middle <b>Leila</b>	Charles	2a. DATE OF DEATH September 7, 1968 2b. Hou	15 M
4. RACE	white	5. DATE OF BIRTH 11-6-1876	6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 H	RS. IIN.

тещате	WILLE	TT-
7a. BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA
Maryland Maryland	USA	WIDOWED DIVO
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF	R INSTITUTION (If not in hospital

Maugansville

9. COUNTY OF DEATH RRIED ORCED X 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Nursing

IS. MOTHER'S MAIDEN NAME First

Washington 12o. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 

Middle

13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 605 Brighton, Place HagerstownYES Md . Wash.

Home

14. FATHER'S NAME First Middle Lost Milton Charles 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service)

Amanda Eversole 17. INFORMANT Mrs. Sara Rowe Smithsburg. Md.

no 18. CAUSE OF DEATH (Enter only one cause per line for (a)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE O stating the underlying couse

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

19th DATE OF OPERATION

20a. AUTOPSY? YES [ 21c. HOW INJURY OCCURRED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. If either, notify medical examiner)

-32-4314

21f. LOCATION Street or R.F.D. No.

Enter nature of injury in Part 1 or Part 2, Item 18.)

City or Town County

State

AFFROIGNATE INTUNVAL BETWEEN ONSET AND DEATH

21d. INJURY OCCURRED 21a. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY While Not while at work 22a. I certify that (1) (this hospital attended the deceased from saw the deceased alive or

19 (1) (my) (our) opinion death occurred on the date and hour and from the two the bady other death. 22c. DATES

22h SIGNATUR 20d PHYSICIA

causes stated above. (It foot (did) did not)

22a ADORE

23( ACATION (City of Town) Hagerstown, Md.

(State)

REMOVAL (Specify)

Cemetery Rose

25a. REC'D BY REGISTRAR

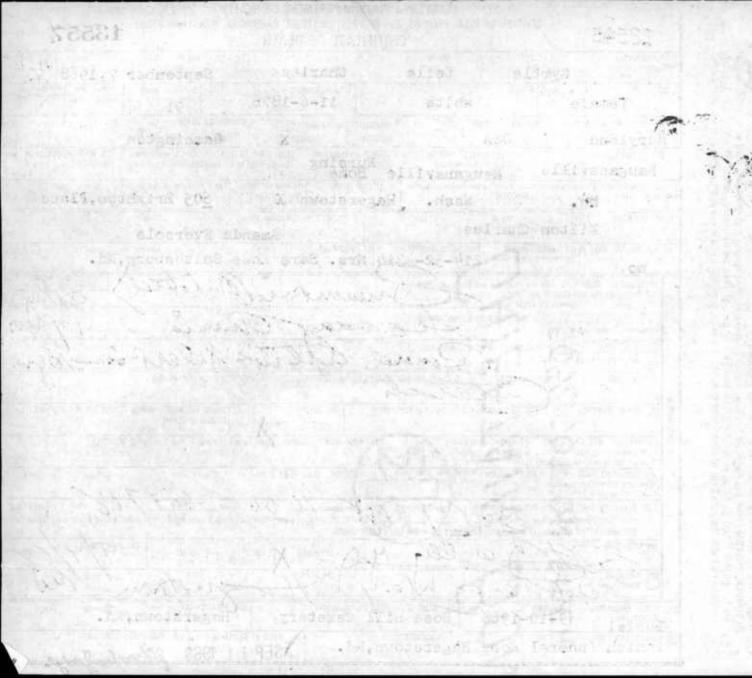
25b. REGISTRAR'S SIGNATURE

Minnich Funeral Home Hagerstown, Md.

death. signed by the ottending physicion ond contributed in by the fun-buriol-transit permit. Then please remove corbon papers. Poges 1 buriol, crematian, or removal, ond in any event, within 72 hours after 24 hours Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be exer

VR A15 (4) 30M REV. 1/68



executed within 24 hours after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death cert Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 17 68

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13558

1. DECEASED NAME (Type or print)	First Middle  Hoffman		ost fman		Month Doy	Yeor 1968	2b. HOUR
3. SEX	4. RACE	S. DA	TE OF BIRTH	6. /	AGE (In yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	White	M	arch 31	1873	95 YRS.	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NE	VER MARRIED	9. COUNTY OF DEA			
(country) Maryland	U.S.A	WIDOWED X	DIVORCED	Washi	ington		Md.
10. CITY OR TOWN OF DEATH Beensbere	give street oddress) Farhney K	OR INSTITUTION (If not in h	during r	UAL OCCUPATION (Kin most of working life, Housewife	even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
odmission) STATE Md.	eceased lived, if institution: Residence by 13b. COUNTY Washi	ngten Downsv			and number wnsville	Rural	
14. FATHER'S NAME First	Middle min Franklin Hof	Lost 15. MOT	HER'S MAIOEN NAME	First Varia	Middle	Nikirk	Last
16a. WAS DECEASED EVER IN U.S.		URITY NO. 17. INFORM	MANT	Campbell	Address Downsvil		NTE INTERVAL
Conditions, if any, which g rise to immediate cause stating the underlying ca last.	DUE TO, OR AS A CONSEQUEN  (c),  USE  DUE TO, OR AS A CONSEQUEN  (c)  (c)	iselevelle ICE OF	caidio	Vaseula	berane	BETWEEN ONS	SET AND DEATH
4001	T CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL OISEASE OF	R CONDITION GIVEN IN	PART 1(a)		
19a. DATE OF OPERATION 210. ACCIDENT WAS UNDER	19b. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 20	Oa. AUTOPSY?  YES NO	CAUSES OF	, WERE FINOINGS CO DEATH?	INSIDERED IN CER	RTIFYING
☐ DR CONTRIBUTING ☐ CAUSE O	HOUR A.M. Month Ogy	Year 19		ter nature of injury in			
While Not while at wark	21e. PLACE OF INJURY ( AT HDME, FARM, ST OFFICE BUILDING, E	1 1	9 1.1	1 - 1	1 -	County	Stote
saw the decease	(this hospital) ottended the de ed olive an April 2 3 pove, (1) (we) (did) (did yor) view	19/ed_ and tho	tan (my) (eur) or	pinion death occu	19 <u>6</u> , 19 <u>6</u> rred on the dat	te ond hour o	(I) ( <del>yw)</del> last nd from the
22b. SIGNATURE	Wellar		ATTENDING PHYS.		AFF D D	ATE SIGNED	968
22d. PHYSICIAN'S NAME (Type)	. W. Levan	M.D.	22e. ADDRESS	nslow	0, 9	Ind.	
23a. BURIAL, CREMATION, REMOVAL (Specify)		ME OF CEMETERY OR CREM		23d. LOCATION (C		(County) lashingt	(State)
24. FUNERAL DIRECTOR Albert L. Iss	Al	DORESS	2So. REC'D		25b. REGISTRAR'S S	SIGNATURE	der

13558			
91 00 .7908	restor	ENDARI.	Marie Alexander
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mpi o'n cuestio	d Tri	(COM), 10.1	eys unc.
Market all serves			
Apple		orthograms and the	nhan sell
Carlo afficiences finders	O we obtained		

Middle

First

1. DECEASED-NAME

2o. DATE OF DEATH

Last

(Type or print) Carl Cookerly Thomas September 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNOER I YEAR White Male dast birthday) Nov.12,1900 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Washington WIDOWED [ DIVORCED [ Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Retired M. Operato: **INDUSTRY** Hagerstown Co. Hospital 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived/if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY odmissian) STATE Md. NO -Creek Road-Route 2 Allegany Cumberland 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Lost Lillian Parker John T. Cookerly 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) Mrs. Edna Cookerly, Cumberland, Md. Wife BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (o) Bilateral Cerebral Infarction 2 weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) (b) Spasm associated with subarachnoid hemorrhage 4 weeks rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (d) Ruptured aneurysm, right internal carotid artery 4 weeks PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES T NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town Caunty Stote While Not while at work 220. I certify that (I) (this hospital) attended the seeosed from August 10, 1968, to 46, 1968, that (I) (we) lost saw the deceased alive an 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR director, poge 3 should be filed v 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) F. Abdullah, M.D. 318 N. Potomac, Hagerstown, Md. 21740 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23o. BURIAL CREMATION. REMOVAL (Specify) Cumberland, Allegany, Md. Sept. 9, 1968 Hillcrest Burial 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. VR A15 (4) Ochanles 1968 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13560 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR (Type ar print) CHARLES ANDREW CROUSE Sept. 3 SEX 4 RACE IF UNDER 24 HRS. 5. DATE OF BIRTH IF UNDER 1 YEAR AGE (In years lost birthdoy) DAYS white Aug. 26,1884 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Fulton Co., Pa. nemave carban papers. WIDOWED [2] DIVORCED [ Washington 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most af warking life, even if retired.) give street address) **INDUSTRY** Washington County Hosp. Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 1,13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. FOUNTY Big Cove Tanner IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Vouse rouse 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no orunknown) | (Iffee give war or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, orunknown) ove APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
| MMMDIATE CAUSE (0) Bronchopneumonia, bilateral 4 days 6 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arteriosclerotic heart disease. Biliary cirrhosis d far use as the af Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO S 9-21-68 Obstructive jaundice YES 🗍 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City ar Tawn County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram Sept. 16 , 19 68, ta Sept. 26, 19 68, that (I) (we) last saw the deceased alive an Sept. 26, 1969 , and that in (my) (our) opinion death accurred on the date and hour and from the directar, page 3 shauld shauld be filed with the couses stated obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 1229 Ravenwood Hts., Hag., NAME (Type) shauld t 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Caunty) (State) 23a. BURIAL, CREMATION **REMOVAL** (Specify)

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV. 1/68

executed within 24 haurs after

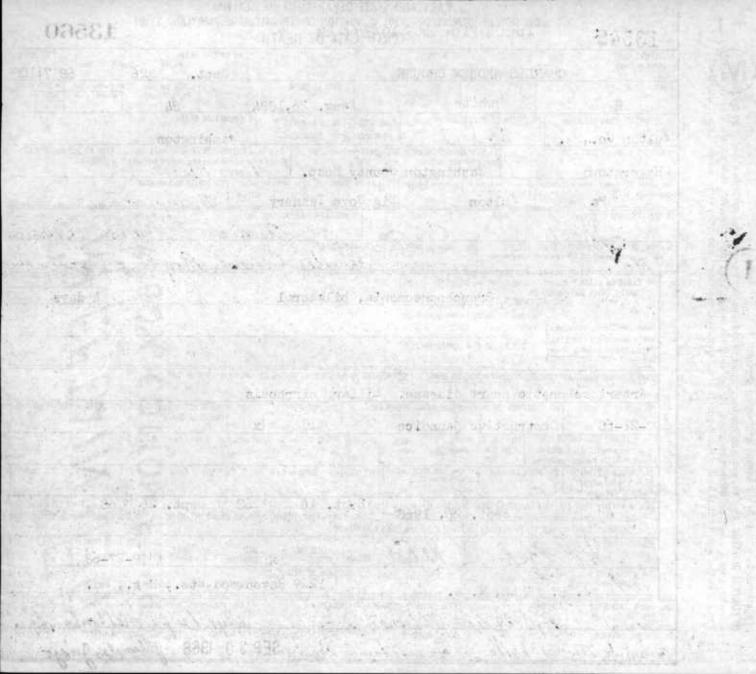
The law requires that the death certificate

Page 4 may be retained by the hospital or attending physician.

signed by the attending burial-transit permit

and campletely filled in by the

2Sa. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968



MARYLAND STATE DEPARTMENT OF HEALTH

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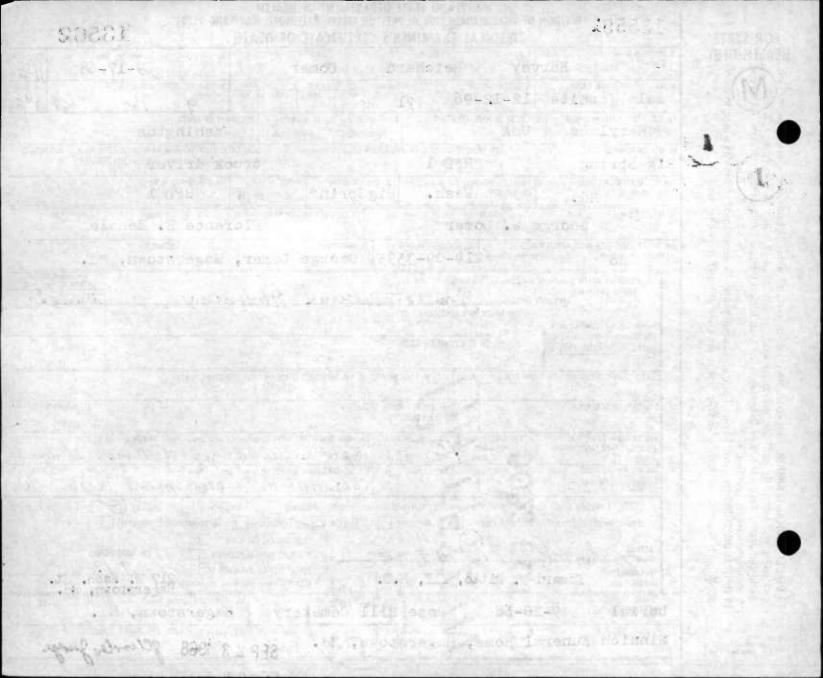
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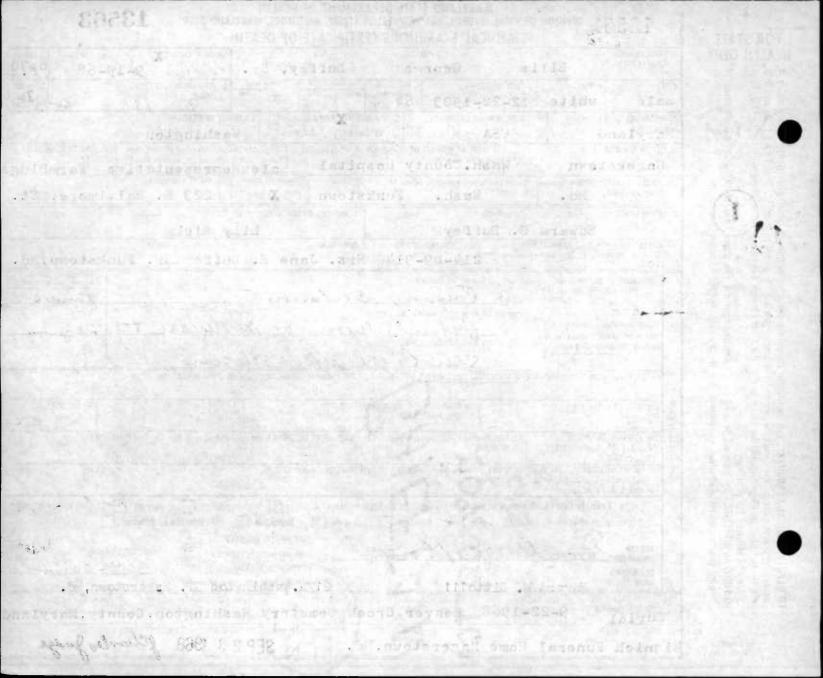
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Sept. 9 1988 9:15

VR A15ME (5) 10M REV. 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13564 13552 CERTIFICATE OF DEATH DECEASED-NAME funeral 1 and 2 er death. Middle Last 2o. DATE OF DEATH within 24 haurs after death (Type ar print) MARIAN LOUISE 5 DURLING 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) FEMALE WHITE AUGUST 16, 1923 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (ountry) WIDOWED [ DIVORCED [ WASHINGTON NEW JERSEY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) **INDUSTRY** pau and campletely HAGERSTOWN 829 VIRGINIA AVE. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY WASHINGTON YES T HAGERSTOWN NO T 829 VIRGINIA AVE. 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost WILLIAM BANKS MINNIE REED signed by the attending physician burial-transit permit. Then please 16b. SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no ar unknown) ar remaval, 148-16-6990 WILLIAM DURLING. 829 VIRGINIA AVE. HAGERSTOWN APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CANSEQUENCE O Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESXX NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark \_\_1965, and that in (my) town) opinion death occurred on the date and have and from the director, page 3 shauld should be filed with the couses stared above, (I) (did) (did not) view the bady after deoth 22b. SIGNATUS 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. V wad WD DEGREE 9/10/68 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ROBERT P CONRAD. M.D. 137 W. WASHINGTON, HAGERSTOWN, MARYLAND 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) HAGERSTOWN WASHINGTON REST HAVEN CEMETERY 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 13 1968 Milarles 30M REV. 1/68 DATESFP HAGERSTOWN. MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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### DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120567 MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

1. DECEASED-NAME	First		Middle	CLKIIIIC	Lost	DLAIII	2o. DATE	OF DEATH			7 2b	HOUR
(Type or print)	Alma		Martin		Ellio	tt	Se	ptember	30°	1968		OOAN
3. SEX		4. RACE			5. DATE OF BI			6. AGE (In	/ears	IF UNDER 1 YEA		R 24 HRS.
Female		White			May	8, 1882	2	lost birthd	oy) YRS.	MONTHS DA	YS HOURS	MIN.
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10. CITY OR TOWN OF D		11. NAME give stree	of Hospital or in et oddress)  They Kee	Carlo Maria	ot in hospitol  Home			ON (Kind of wo		IMPLICTOR	OF BUSINES Home	- 1
13o. USUAL RESIDENCE odmission) STATE Virginia	(Where deceose	d lived, if institution:	Residence before	13c. CITY OR	ngton	13d. INSIDE CITY LIF YES NO		STREET AND NU		t.		
14. FATHER'S NAME	First	Middle	Lost	15	. MOTHER'S MA	IDEN NAME FI			Middle		Lost	
	George	W.	Martin	1		Me	attie			Kimbi	rough	
160. WAS DECEASED EV	ER IN U.S. ARME	D FORCES? 16	b. SOCIAL SECURITY	NO. 17. 1	NFORMANT	1000		A	ddress			
Yes, no, or unknown	(II yes give wo	5	79-62-60	142 Mz	. Joe	W. Ell:	iott,	Rfd. 2	Boon	sboro	Md.	
1B. CAUSE OF DE PART I, DEAT	H WAS CALISED	one couse per line f	-	Bast	e Ca	din	1/11	cula.			OXIMATE INTER	
11150	IMMEDIAT	E CAUSE (o)		wow	C un	ina	Viso	any		-	3 70	~
Conditions, if ony	which gove	DUE TO, OR AS A	CONSEQUENCE OF	0.12								
rise to immediat	e couse (o),	(b)	A CONSEQUENCE OF									
stoting the unde	rlying couse		CONSEQUENCE OF							8 174		
	GNIFICANT CONF	(c) DITIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE ORC	ONDITION GI	VEN IN PART 16	0)			
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190. DATE OF OPER	ATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PE	ERFORMED	20o. AUTO	PSY?	20b.	IF YES, WERE F	INDINGS CO	ONSIDERED II	N CERTIFYIN	IG
SE					YES	NO 🗌	CAU	SES OF DEATH?				
210. ACCIDENT W	AS UNDERLYING	21b. TIME OF IN	JURY	21c. H			r noture of in	njury in Port 1 o	or Port 2, 1	tem 18.)		
OR CONTRIBUTING (If either, notify r			Month Doy Yeor									
	JRRED 21e. F	LACE OF INJURY LAT	HDME, FARM, STREET, FA		CATION Stree	t or R.F.D. No.		ity or Town		County		Stote
While Not who of work	nile 🔲	OF	FICE BUILDING, ETC.	/ ^	/ -	3446	1-	1				
22a. I certify	that (I) (this	haspital) attend	ded the deceas	ed from	mb. U	19.6	0_, to 2	JUM 3	. 19_	68, th	at (I) (+	ve las
saw the	deceased ali	ve on	W M	196 t. an	d that in (m	y) ( <del>aux)</del> api	nian deatl	h accurred o	n the da	te and ha	ur and fr	am th
	ated above,	(I) (we) (did) (di	d not) view the	body offer	death.				-			
22b. SIGNATURE	- VI	Whi	My	M-VE	ATTENDIA PHYS.		AED.	STAFF PHYS.	J 220	DATE SIGNED	30, E	:8
22d, PHYSICIAN'S NAME (Type)	6	W. Le	Van		22e. ADD	BESS O O 10	sto	10	ml	1	(	
230. BURIAL, CREMATIC		ATE	23c. NAME OF Mount		crematory t Ceme	tery		TION (City or To		(County)	(Stot	
24. FUNERAL DIRECTOR			Wilson H	Souleve	rd	2So. REC'D B			GISTRAP'S	SIGNATURE	0 404	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

19990		CERTIFICATE OF DEAT	H	
1. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HAUR N
	NIS RALPH	FAULDER	Sept 8	1968 Yeor 5.5th
3. SEX	4. RACE	S. DATE OF BIRTH	6 AGF (In ven	IF UNDER ) YEAR IF UNDER 24 HRS.
Male	White	Nov 27 19	lost birthdoy	YRS. MONTHS DAYS HOURS MIN.
DIDTHOLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
Maryland  O CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Washington	Md.
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF	R INSTITUTION (If not in hospital 120.	USUAL OCCUPATION (Kind of work	done 12b, KIND OF BUSINESS OR
H agerstown	n give street ondress	unty Hodpital during	most of working life, even if ret	ired.) INDUSTRY R. R.
30. USUAL RESIDENCE (Where deced	osed lived, if institution: Residence before	ore 13c CITY OR TOWN 13d, INSIDE		
dmission) STATE Maryland	13b. COUNTY Washington	Hagerstown YES	NOXX 1417 Sal	em Ave
4. FATHER'S NAME First	Middle Los	15. MOTHER'S MAIDEN NA/	ME First Mic	ldle Lost
Joseph 1	L. Faulder	Lorett	ta Brewer	
60. WAS DECEASED EVER IN U.S. AR		ITY NO. 17. INFORMANT	Add	ress
N O	705-1	0-57 Mrs Mildred	C. Faulder	1417 Salem Ave
	only one couse per line for (o), (b), and	Hagerste	own Md	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSI	ED BY: DIATE CAUSE (o)	ondy accless	con	nimales
4100	DUE TO, OR AS A CONSEQUENCE		Tis heart die	1000 Q. Sal. 7
Conditions, if ony, which gove rise to immediate couse (o),	(b)	Williaschual	in ware our	may saylile
stoting the underlying couse		OF		
lost.	(c)			
PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(o)	
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19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WA	DIAGONA AND AND AND AND AND AND AND AND AND A	CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
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			Enter nature of injury in Port 1 or I	ort 2, Item 18.)
(If either, notify medical exam	niner) P.M.	19		
21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREE OFFICE BUILDING, ETC.)	T. FACTORY.) 21f. LOCATION Street or R.F.D.	). No. City or Town	County Stote
of work of work			4	0
220. I certify that (I) (the	his haspital) oftended the deco	eased from 3 -/4 , 1 19 5 , and that in (my) (1)	195%, to good on the	the date and hour and from the
couses stated above	ve, (I) (we) (did) (did not) view	the body after death.	opinion deom occurred on i	tte dute offa floor offa from the
22b. SIGNATURE	1 11 /		/WED CTAFF	22c DATE SIGNED
16te	1. J-160018	DEGREE PHYS.	MED. STAFF PHYS.	4-9-68
22d. PHYSICIAN'S	1- 1- 1/	/ 22e. ADDRESS	11 . d	10111
NAME (Type)	ier t ke	00/6	Lagustaw	n mar
and a second sec	. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town	n) (County) (Stote)
REMOVAL (Specify)		Haven Cemetery		
24. FUNERAL DIRECTOR Has	gerstown Md ADD			STRAR'S SIGNATURE
Andrew K. (	Coffman Funera:	1 Home Inc DATES	EP 1 3 1968 82	lianles Judge.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the that director, page 3 should be detached for use as the buriol-transit permit. Then precess among carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and many event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201: 13569 13557 CERTIFICATE OF DEATH 1. DECEASED-NAME after death (Type or print) 3. SEX HOURS MARRIED NEVER MARRIED DIVORCED 12o. USUAL OCCUPA cô please remove in any 14. FATHER'S NAME physician and the death certificate be 160. WAS DECLASED EVER IN S.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Brain Syndrome Due To Cerebral Atrophy DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the burial-transit (b) Arteriosclerotic Vascular Disease, Severe law requires that rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ ed far use af Health 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor (If either, notify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from June , 19 66 , toSept. 3 saw the deceased alive on July 26, 1968, ond that causes stated abave, (i) (we) (did) (did not) view the body after deoth. \_1968\_, and that in (my) (our) opinion death occurred on the date and hour and from the shauld 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. be filed DEGREE DIRECTOR Page 4 may b PHYSICIAN'S 22e. ADDRESS 22d. NAME (Type 215 W. Washington St., Hagerstown, Md. directar,

MARYLAND STATE DEPARTMENT OF HEALTH

THAT SAME THE COMMENT SERVICE AND Figur 10 1011 5 1017 17 15 64 = 64 = 1 The state of the second into for a town a server form of the way of the the Prime From tentioner & Williams 14 which they they Hasslere 120 February Continues to A State of the Comment of the Commen For the basis of the control of the The last terms of the state of Stoles a stenting Can all from the CLE C. P. Harris L. Sterner Stranger of 1950 Browner Stranger

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH 12570

13558			CERTIFICA	L OI DEAI			-1.	0070
PLACE OF DEATH				2. USUAL RESIDEN	CE (Where dec	easad lived, If in	stitution: Reside	ence before admissi
e. COUNTY	1		11 (0:30:10.20)	a. STATE	7	b. COUNT	3.6	
b. CITY OR TOWN (if ou	hington		MARYLAND	W. V	-	man limitan mutan	Morg	
write RURAL and giv	re neerest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corpo	rate limits, Writa	KUKAL end give	e neerest town)
Hagerstown	1		6 Days	Hancock	. W. Va			
d. NAME OF HOSPITAL		not in hosp		d. STREET ADDRESS				a. IS RESIDEN
			1.00 F 11 (3.0)	/ D .				YES NO
Washington NAME OF	County He	ospit	Middle	c/o Postn	MOSTET A. DATE	Month	Da	
DECEASED (Type or print)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OF			40
	Ethe.	1	Virginia	Fox		Septemb		19 68
SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED   B.	DATE OF BIRTH	9.	AGE (In years   last birthdey)	Months Deys	
Female W	Thite	WIDOWED	DIVORCED A	ugust 7, 19	905	63 yrs.	1 4	Trouis Mili
. USUAL OCCUPATION			ND OF BUSINESS OR INDUSTRY			oreign country)	12. CITIZEN	OF WHAT COUNT
ne during most of working		)		7.7			770	
Housewif	e	1		West Virg			US	A
WHITE S HAME				14. MOTHER S MAIDEN	TAPATAL			
A. V	anGosen			Icy Cro	ouse			
WAS DECEASED EVER IN s, no, or unknown)   (If yes	N U.S. ARMED FORCE		SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
	giva wer or detes of sei	Vice)		Man Claden	Mataba	11 11	l- 1	TAT TY-
NO IB. CAUSE OF DEA	TH lEnter only one	ause per li	ne for (a) (b) and (c) )	Mrs Gladys	Mitche	II, Han		W. Va.
PART I. DEATH W		. /	1 1	t= 6. «11	. 7:			DISET AND DEATH
	AEDIATE CAUSE (e)_	V.	entricular	Fibrill	allou			30 min
4109	DUE TO							
Conditions, if eny, w	hich ) (b)	A	ate Myoca	adial	Infa.	urtion		6 day
geve rise to immediate	cause		1000					1
(a), stating the under	rlying DUE TO	1	1	/				1
cause last.	) (c)_			osclerosi.		A LIBITION AND AND AND AND AND AND AND AND AND AN		Jeans
PART II. OTHER SIG	SNIFICANT CONDITI	ONS CON	TRIBUTING TO BLATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1(a)	PERFORMED
4201								YES NO
200. ACCIDENT WAS		20b. DESC	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II	of item 18.)		
OR CONTRIBUTING []	DICAL EXAMINER							
	1	1001	NULIDY OCCUPAND LOS PLAN	CE OF BUILDY (1)	- 1 201 (0)		10	(6,
20c. TIME OF INJURY	Month, Dey, Yee	While		CE OF INJURY (Home, farm cry, street, office bldg., etc		or iown)	(County)	(State)
p.m.	19	at work						
21 I cortify that	(I) (this hospits	l) attend	ded the deceased from	Aug 21	1968. 10	SERT	6 1968	that (I) (we)
			619 66, and that					
	alive on	72.1	ælyæa, and that	deein occured at.S.	1M, ITOM	Ille Causes a	and on me	
22a. SIGNATURE	11/1/				MED	STAFF		22b. DA
Sail	4 Agr	luc	el M	40.	DIRECTOR	PHYS.		
22E PHYSICIAN'S	9/			22d. ADDRESS	145 S.	Prospe	ct,	
NAME (Type)	Dr Charle	es Sp	encer		Hagers	town, N	ld.	
a. BURIAL, CREMATION.		OF	23c. NAME OF CEMETERY O	OR CREMATORY		TION (City, tow		(State)
REMOVAL (Specify)		200		17				
BURIAL //	9/9/196	8	Alpine Churc			Morgan		
PUNERAL PRECTOR'S	SIGNATURE	-	ADDRESS		N A (* TE)	RAR 25b. REG	STRAR'S SIGN	ATURE .
10 Mari	200	Ber	keley Springs	, W. Vassti	PIO 18	100	A Property	

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1968

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I and 2 after death

by the funeral

within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Poge 4 moy be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	35	72
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					EKIIII	CAIL OF	DEATH				1001	
I. DECEASED		First		Middle		Last		2a. DATE	OF DEATH	ul D	v	2b. HOUR
(Type or	prinij	Phoel	be	Alice		Grov		Ser	ot. Mon	th 24 Day	1968ear	6:50N
3. SEX			4. RACE			S. DATE OF E			6. AGE	In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	emale	-3.5	Whi	.te		10/	4/78		8	rthdoy) 9 YRS.	MONINS DATS	HUUKS MIN.
70. BIRTHPL	ACE (Stote or fore	ign 71	. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	☐ NEVER MA	RRIED	9. COUNTY				
country)	Maryland		USA		WIDOWED	DIVO	ORCED 🔲	WAS	SHINGT	ON		Md
	TOWN OF DEATH GERSTOWN		11. NA give si WESTE	ME OF HOSPITAL OR INS treet address) CRN MD. ST.	TITUTION (IF	not in hospital OSPITAI	during m	AL OCCUPATI ost of work	ing life, ever		12b. KIND OF INDUSTRY	BUSINESS OR
130. USUAL	RESIDENCE (Where	deceosed	lived, if institution	on: Residence before	13c. CITY O	R TOWN	13d. INSIDE CITY L		STREET AND			
	STATE Mary			Vashington			YES N	-	Lu Wes		Meadow	r Rd.
14. FATHER			Middle	Lost		5. MOTHER'S N	SOPH.	First A	C	Middle		Lost
	John		11 CASS 11	Welle			BUPIL.	LA	C		Frush	
160. WAS D	DECEASED EVER IN		FORCES? or dates of service)	16b. SOCIAL SECURITY N	2	INFORMANT	DA GL	A D VC	CD OTT	AMPPATITI	RSTOWN	
163, 110,	ar unknown) (II	, , ,		214-09-58	89 1	ITOO A	DH GI	HDIS	GROVI	2	MD.	
				e for (o), (b), and (c).)								MATE INTERVAL DNSET AND DEATH
	PART I. DEATH WAS	IMMEDIATE	CAUSE (a)	Coronary	occl	usian				37-	h	nours
14	100		DUE TO, OR A	S A CONSEQUENCE OF								
	tions, if ony, which		(b)	Hyperten	sive	car dio v	rascula	r dise	ase		many	years
	immediate cau g the underlying		DUE TO, OR A	S A CONSEQUENCE OF								
last.	1201		(c)	70 11-59							10.1	
PART	2. OTHER SIGNIFIC	ANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION G	IVEN IN PAR	1(0)		
Z	Cerebr	ovas	cular ac	cident: c	ar dia	c hyper	trophy					
19a. D.	ATE OF OPERATION	19b. CO		CH OPERATION WAS PER		2Da. AUT		2Db			ONSIDERED IN C	ERTIFYING
E						YES 🔁	NO [	] CAL	JSES OF DEAT	" yes		
	CCIDENT WAS UN				21c. 1	HOW INJURY OF	CCURRED (Ente	er noture of i	injury in Port	I or Part 2,	Item 18.)	
	CONTRIBUTING CAU her, notify medico			Manth Day Year								
- L Z I U. I	NJURY OCCURRED Nat while	21e, PL		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		OCATION Stre	et or R.F.D. No	).	City ar Town		Caunty	State
220.	I certify that	(I) (thisc	hospital) atte	nded the decease	d from	8/13	, 19	68 , to_	9/2	1, 19	68_, that	(I) (200E) las
	saw the deced	sed aliv	e an Ser	ot. 23 1	9.68, or	nd that in (r	ny) (pur) op	inion deot	th occurre	d an the da	ite and hour	and from th
		abave, (	1) (3000) (did) (	did करा) view the l	body atter	deoth.						
22b. SI	IGNATURE 3	2 11	· Por	crew out	a DEG	REE PHYS.		MED. DIRECTOR		5	DATE SIGNED 0/24/68	
	PHYSICIAN'S NAME (Type) F	U.		cula, M.D.		150	DO Penn	sylvar	nia Av	e., Ha	spital gerstow	m, Md.
	AL, CREMATION,	23b. DA	125/68	23c. NAME OF ST. P.			Н	23d. LOC	ATION (City o	r Town) WA	SHINGT	ON MD
	AL DIRECTOR	1 //		& ADDRESS			2So REC'D E	RY REGISTRA	R 25h	REGISTRAR'S	SIGNATURE	

DATE OCT 1

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled i director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 VR A15 (4) 30M REV. 1/68

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THE PROPERTY OF THE PARTY.

100	13561	DIVISI	ON OF VITAL RECORDS,		RESTON STR		MORE, MAR	YLAND 21201	135	73
	CEASED-NAME	First	Middle		Last	200	2a. DATE OF D		1 44,44	2b. HOUR
(1)	ype ar print)	Charles	William	Gu	essford	1	Ser	Manth 22	1968	12:45 M
3. SE)	X	4. RAC			S. DATE OF BIR			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		· White		May 1	15 189	9	last birthday) YRS.	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (State at	r fareign 7b. CITIZ	EN OF WHAT COUNTRY?	B. MARRIED	NEVER MARK		COUNTY OF			
count	Md. Was	hington	U.S.A.	WIDOW		CED 🗀	Washir	ot.on		Md
10. (1	TY OR TOWN OF DE	LAIII	11. NAME OF HOSPITAL OR IN give street address) Washingto				OCCUPATION (	Kind of work done fe, even if retired.) Operator	INDUSTRY	BUSINESS OR
			if institution: Residence before		TOWN	3d. INSIDE CITY UM		EET AND NUMBER	Kelli	geratic
	ssion) STATE		OUNTY Washington	Smiths		YES NO	1001 01111			
14. F/	ATHER'S NAME		Middle Last		S. MOTHER'S MA	IDEN NAME Fir		Middle		Last
	Sam	uel Jou	nas Guessfor	1		Nervie			Shaff	Par
	WAS DECEASED EVER	R IN U.S. ARMED FORCE	S? 16b. SOCIAL SECURITY		NFORMANT	MOT ATC		Address	Duali	.01
Ye	es, na, ar unknawn)	(If yes give war or dates of	213_18_9	568 M	s. Mary	z Robin	son Si	nithsburg	# 1	
	Canditions, if any, rise to immediate stating the under last.  PART 2. OTHER SIG	I WAS CAUSED BY: IMMEDIATE CAUSE  DUE which gave e cause (a). Iying cause  INIFICANT CONDITIONS (	TO, OR AS A CONSEQUENCE OF  (b)  TO, OR AS A CONSEQUENCE OF  (c)  CONTRIBUTING TO DEATH BUT N	tote	estito	hyp	rlyper		9 Jo +	INSET AND DEATH
TIFICA	19a. DATE OF OPERA		FOR WHICH OPERATION WAS P	ERFORMÉD	YES	NO 🗗		'ES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN C	ERTIFYING
₹	21a. ACCIDENT WA OR CONTRIBUTING [ (If either, natify m	CAUSE OF OEATH HO		9			nature of injury	in Part 1 ar Part 2, I	tem 18.)	
	21d. INJURY OCCUR While Nat while at wark at wark		INJURY ( AT NOME, FARM, STREET, FA OFFICE BUILDING, ETC.		/		City o	r Tawn	County	State
	saw the d	lecensed alive an	tal) attended the decease) (dia) (did nat) view the	19 . an	d that in (my	, 19 / <del>) (ou</del> r) apin	, ta ian death ac	curred on the da	, that te and haur	(I) (we) last and fram the
	22d. PHYSICIAN'S NAME (Type)	105	Refeell	2 DEGF	ATTENDING PHYS. 22e. ADDR	DIF	D. RECTOR	STAFF PHYS. D 22k. I	ATE/SIGNED	64
23a.	BURIAL, CREMATION REMOVAL (Specify)	23b. DATE Sept.		CEMETERY OR	CREMATORY Cemeter	·y	23d. LOCATION Smithsh	(City or Town) Durg Was	(Caunty) hingtor	(State)

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and concepts tilled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours VR A15 (4)

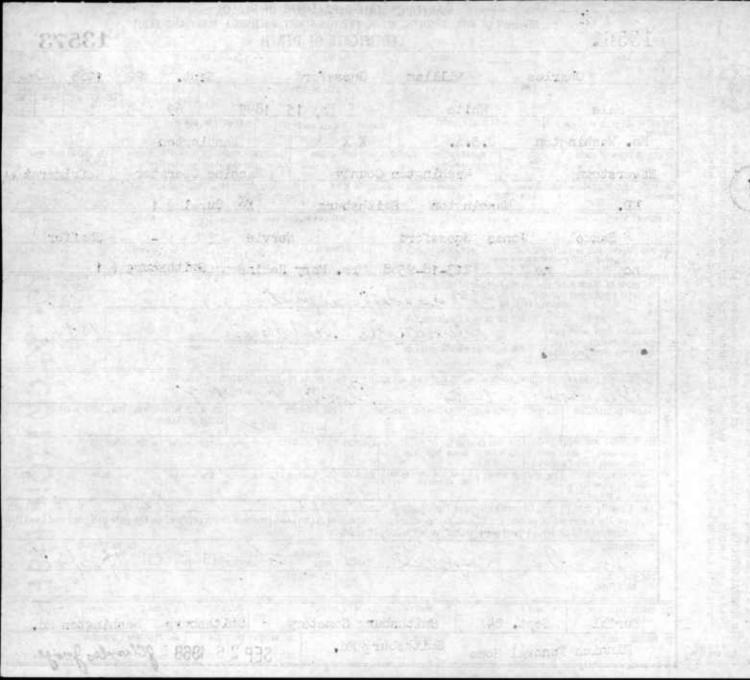
**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

24. FUNERAL DIRECTOR
Minnich Funeral Home

Smithsburg Md.

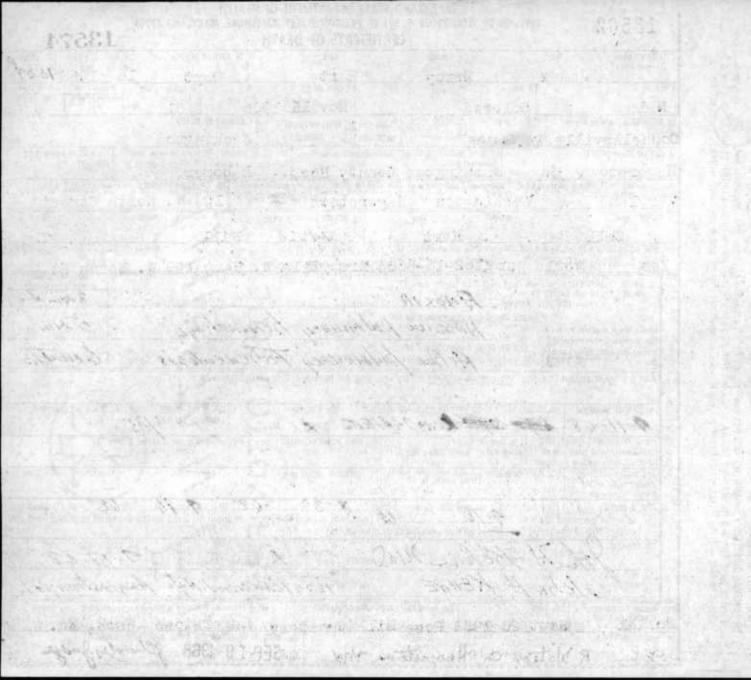
250. REC'D BY REGISTRAR DATE SEP 2 6 1968

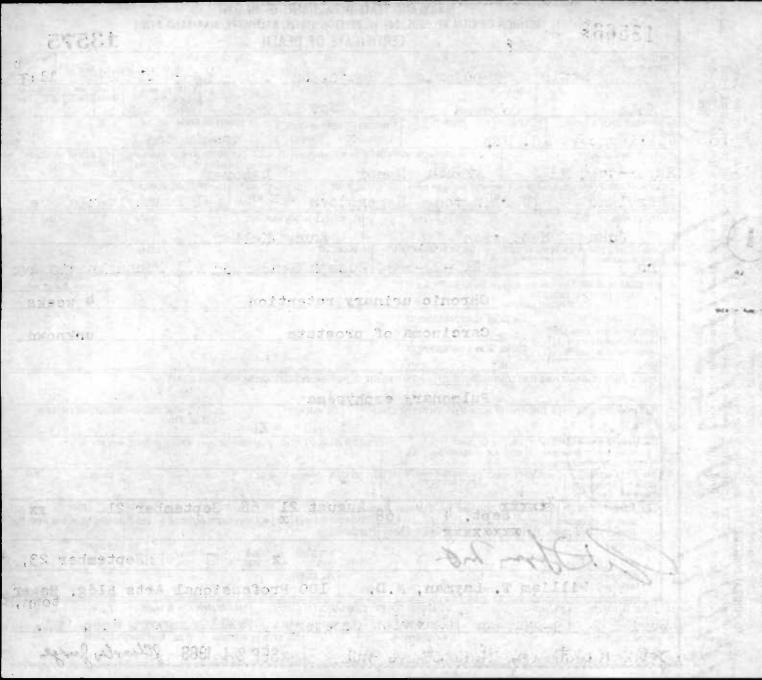
25b. REGISTRAR'S SIGNATURE



13562 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13574 CERTIFICATE OF DEATH in the funeral crisis and 2 metrs of a feet death. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after death. (Type or print) Month James Lerov Hart Sent 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR lost birthdoy) MONTHS Male Nov 16 Colored 7906 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Connellsville, Pa Washington WIDOWED | DIVORCED [ and campletely filled remave carban par within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address). Washington during most of working life, even if retired.) INDUSTRY Hagerstown County Hosp Laborer burial, crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES X NO W. North Street execut 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost requires that the death certificate be attending physician u nermit. Then please Zail Hart Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give wor or dates of service) 62-18-6684 Mrs. Ella W. W. North Hart 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse signed b PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) ficate has been s far use as the b f Health priar ta b Page 4 may be retained by the haspital ar attending 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? / YES 🔀 NO [ TO FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18." OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor be detached for State Dept. af F (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work ot work 22a. I certify that (1) (this haspital) attended the deceased from 7 -3 C saw the deceased alive on 1968, and that causes stated abave, (I) (we) (did) (did not) view the body ofter death. \_1962, and that in (my) (our) opinion deoth occurred on the date and hour and from the 3 shauld to a with the S 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 should be filed v PHYS 22d. PHYSIGAN'S 22e. ADDRESS NAMP Type 1229 /CAUCHAMO 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Hagerstown Wash. Cemetery FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 1968

MARYLAND STATE DEPARTMENT OF HEALTH





0 0	1FF	ems 18&	21d Fil	OF VITAL RE	ARYLAND S CORDS 301	TATE DEP W PRESTO	ARTMENT O	F HEALTH LTIMORE, MARY	TAND 21201		
FOR STATE		1356	ξ.					E OF DEATH			13576
3 HEALTH DEPT.		ECEASED-NAME Type or Print)	' First		Middle	е	Lost		20. DATE KNOWN	Month [	Doy Yeor 2b Hour
is to to			UGENE		VANCE		HERBAU		DEATH MATED		9. 1968 P. M
ny delay is 2, ond 3 to PM3. Page eportment of	3. SI	ALE	4. RACE WHITE	S. DATE OF BIR	4024	6. AGE (In years lost birthday) YR:	MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNG Month Sent.	Doy	Yeor 19 68 P M
200		BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF WHA	AT COUNTRY?	8. M/	ARRIED NEVER A	MARRIED . 9. CO	UNTY OF DEATH		
P P P P P P P P P P P P P P P P P P P		•VA•		U.S.A					ASHINGTO		Mo
24 hours ofter death in them 18. Give Poges 1, s Offin along with form set land 2 with the Stereoers after death.		ITY OR TOWN OF	DEATH	give st	reet oddress)	OR INSTITUTIO	N (If not in hospit	during most	CCUPATION (Kind of working life, even	work done if retired.)	2b. KIND OF BUSINESS OR NOUSTRY PRCHARD
ofter 18. Giv olong with t	13o.	USUAL RESIDENC	E (Where deceose	d lived, if institut	tion: Residence I	before 13c. CIT	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NO		
Z w dec	M	dmission) STATE	<b>.</b>	WASH 1	NGTON	HAI	COCK	YES NO X	R.F.D	•	
hours Offin I ond	14. F	ATHER'S NAME	First	Middle		Lost	1S. MOTHER'S M			Middle	Lost
2 1 2 S			GRADY	2.550		RBAUGI		EL1:	ZABETH		RNOLD
	(Y	es, no, or unknown		or or dates of service)	16b. SOCIAL SECU 236 50	2444	17, INFORMANT	UEDDAU	ADD		NOOOK ND
		YES	KOR				EVELYN	HERBAU	SH HURAL	Z, NA	NCOCK, MD.
shauld be executed to word "pending" in to the Chief Medical Eburial-tronsit permit. Fin any event within		PART I. DE	DEATH (Enter only ATH WAS CAUSED	BY:							BETWEEN ONSET AND DEATH
e execute pending" sf Medical sit permit		8239	MMEDIAT		AS A CONSEQUEN		T-m-		ortusions	and	
be e "per ief insit ever		Conditions, if or	γ, which gove	(b)			Abra	sions			
ould vord ne Ch		rise to immedia	ote couse (o), (		AS A CONSEQUEN	ICE OF				-3.13	
share we we have the couries in a		lost.	)	(c)							
This certificate shauld tcate, writing the word be forworded to the CI be used as a burial-tremoval, and in any	151	PART 2. OTHER SI	GNIFICANT CONDIT	IONS CONTRIBUTII	NG TO DEATH BU	T NOT RELATED	TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(	0)	
tifico riting ordec d os /ol, o	NO	9/2/	FRATION		10L CONDITION	FOR WHILEIT OF	HOLTAGE				Top Attrooping
is certificate, writing forword one used or removol,	ICATI	190. DATE OF OP	EKATION		19b. CONDITION WAS PERFO		EKATION				2D. AUTOPSY?
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R: ertifi uld s. ould on, c	MEDICAL (		CONTRIBUTING [	1 HOUR							
INER ne cer shoul files.	MED	21d. INJURY OCC	URRED 21e. PI	ACE OF INJURY (A	t home, form, st	reet,	21f. LOCATION Stre	et or R.F.D. No.	r turned City or Town	Iarm tr	County Stote
DEPUTY SICAL EXAMINER: scessory, pleose execute the certiful of the property o		WHILE AT WORK AT		ory, office building			R.F.D.	Hancock	Washing	ton Md	
L EXA eccute Poge for you NR: Pag ial, cre		-			_	scribed obov	e, held on Au			Inquiry ,	ond in my opinion
D DEPUTY JICAL EXA necessory, please execute the funeral director. Page 5 may be retained for you FUNERAL DIRECTOR: Page Health prior to burial, cre			ulted from:	Noturol cous		ident,	Suicide	Homicide	, Undetermine		
leos direction DIRECTION		ACTUAL	Fa	TI	7/		C	HIEF MEDICAL EXAMI	NER		
ry, pleose erol direct be retaine RAL DIRE		SIGNATURE	1000	1/10	MA			SSISTANT MEDICAL EX		22b. DATE SI	
SSOF Fune Sy b by b th		EXAMINER'S		T Dell	0	07		EPUTY MEDICAL EXAM			10, 1968
o DEPUTY necessory, the funero 5 may be 0 FUNERA Health pr	230	NAME (Type)  BURIAL, CREMAT		W. Ditte			5 W Was		to or charger		
5 - 12		REMOVAL (Specif		12/68			MENONI			,	County) (Stote)  G FULTON PA
		FUNERAL DIRECTO	, ,	9	. /	ADDRESS		2So. REC'D BY R		REGISTRAR'S SI	GNATURE
VR A15ME (5) 10M REV. 1/68	1	richar	d J. &	rove	Hand	cock,	Md.	DATE SEP 1	8 1988	Jelian	les Judge

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+	13565	DIVISION OF	VITAL RECORDS		ESTON STREET, ATE OF DEA		RE, MARYLAND 2	1201	1357	יבינ
	DECEASED-NAME Type ar print)	First MARY	Middle JULIA		Last		DATE OF DEATH Month	p Doy 24	1 968	2b. HOUN 10, 5
3. 5	EX	4 RACE			S. DATE OF BIRTH		6. AGE (In sast birthd	years IF	UNDER 1 YEAR	HOURS MIN
	Female	Whit	e		November	1 1	876 91	YRS.	ATT. 3	
cau	BIRTHPLACE (State or foreigntry) Virginia	USA		WIDOWED	-		Washing			Md.
	CITY OR TOWN OF DEATH Hagerstown	give W a	AME OF HOSPITAL OR street address)	ty Hos	pital	ring mast of Hou	CUPATION (Kind of wa warking life, even if <b>Sewife</b>	retired.)	12b. KIND OF E INDUSTRY Hom	
13a	. USUAL RESIDENCE (Where nission) STATE Marylance	deceased lived, if institu				NO NO		t Sid	e Ave	
14.	FATHER'S NAME First	Middle acob Brumk	Last	15.	MOTHER'S MAIDEN	NAME First	Copp	Middle		Last
160	Yes, na, ar unknawn) (If	.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURIT	Y NO. 17. IN	arence A	Her	shev 314	ddress Cher	ry Tr	Circle ee
		nter anly one cause per l	ine far (a), (b), and (	c).)	Hager	stow	n Md		BETWEEN OF	NSET AND DEATH
	PAKI I. DEAIN WAS	MMEDIATE CAUSE (a)	V Profes	Acute	pulmonary	redem	8		4 1	irs
	Canditians, if any, which		AS A CONSEQUENCE (			info	wo to on		2 4	lays
	rise to immediate caus	e(a) (b)	AS A CONSTONE		yocardial	. lill a.	retion		20	iay s
	stating the underlying last.	Couse DUE 10, OK	AS A CONSEQUENCE (	arter	iosclerot	ic he	art diseas	ө	yr	'S
	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIB	JTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	ASE OR CONDI	TION GIVEN IN PART 1(	a)		
-	4001 advanc	ed age								
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES	NO 🔯	20b. IF YES, WERE I CAUSES OF DEATH?		SIDERED IN CE	RTIFYING
MEDICAL CER	OR CONTRIBUTING CAUS	e OF DEATH HOUR A.M.	FINJURY Manth Day Ye	ar 19	none	Mary .	ure of injury in Part 1		m 1B.)	
ME	While Nat while	21e. PLACE OF INJURY none	( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		CATION Street at R.	_	-	11000	Caunty	State _
	22a. I certify that	(I) (this hospital) at	Sept. 24	ased from	that in (my) (m	, 19 <u>.61</u>	, to Soptor	n the date	and haur	(I) <del>(we)</del> last and fram the

certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dead Page 4 may be retained by the hospital or attending physician.

causes stated abave, (I) (we) (did nat) view the body after death 22b. SIGNATURE

DEGREE

ATTENDING PHYS. 22e. ADDRESS 3 02

MED. DIRECTOR

STAFF PHYS.

22c. DATE SIGNED 9-24-68 N. Potomac Street Hagerstown Md

22d. PHYSICIAN'S NAME (Type) 23a.

NAME OF CEMETERY OR CREMATORY 23b. DATE Rose H 9/27/68

Dr. Harold R. Tritch, Jr MD

Cemetery

23d. LOCATION (City or Town) Wash Hagerstown

(State) (County) Co Md.

BURIAL, CREMATION, REMOVE (Specify) a 1 24. FUNERAL DIRECTOR

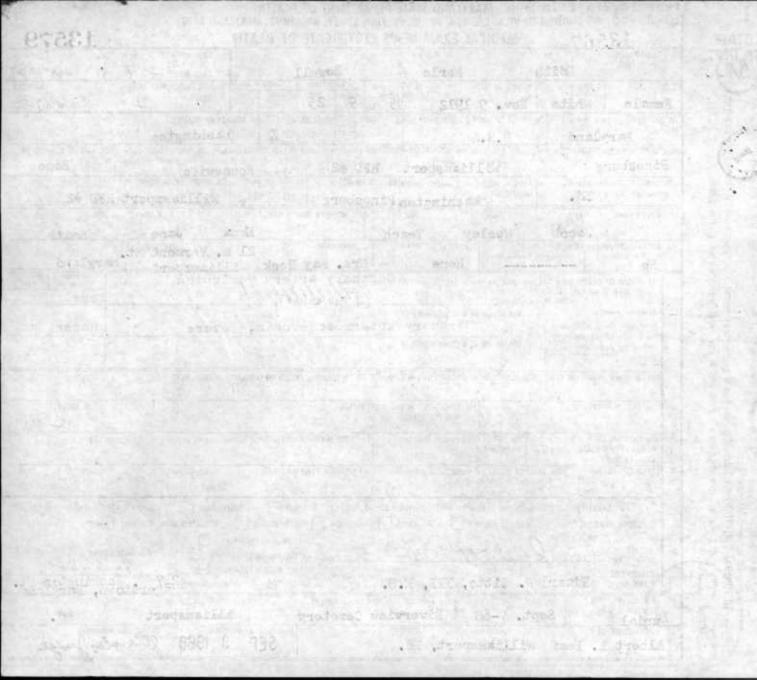
Hagerstown Md ADDRESS
Coffman Funeral Home Inc

250. REC'D BY REGISTRAR DATE SEP 2 7 1968<sup>25b.</sup>

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1	tems 18	8 mt DIVISION	406 MAR	YLAND STATE D RDS, 301 W. PRE	EPARTMENT O	F HEALTH	LAND 21201	
FOR STATE	1	3567		EXAMINER'S				13579
HEALTH DEPT.	1. DECEASED-NA (Type or Prin	+)		Middle	Last		2a. DATE KNOWN Mor	oth Day Year 2b. HOU
3 to is		Edit		Merle	Howe I IF UNDER 1 YEAR		DEATH MATEO	3 1965/1/13
delo and 3 M3.	3. SEX Female	4. RACE White	5. OATE OF BIRTH	6. AGE (In last birth			2c. DATE PRONOUNCED DEAD Month Day	Yeor 19 68 / 29
2, a P.M Part			Nov. 9		MARRIEO NEVER		UNITY OF DEATH	19 65
- 500	(auntau)	aryland	U.S.A	O.		IVORCED K	Washington	
H H H	10. CITY OR TOV		11. NAME	OF HOSPITAL OR INSTIT	UTION (If not in hospi	tal 12a. USUAL O	CCUPATION (Kind of work do	
9 00	Pines			iamsport	RFD #2	Hot	of warking life, even if retired	industry Home
s offer death 18. Give Page 19. Give Page 2 with the Sto	13a. USUAL RES	IDENCE (Where decease	12h COHNTY			13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
hours office o		234.	Middle	shington P		YES NO	Williamspor	
hin 24 hours ncil in Item 1 niner's Office pages 1 ond 2 haurs after d	14. FATHER'S NA	March St. Company		Last	1S. MOTHER'S A			Lost
hin 24 ncil in 1 niner's pages 1 haurs c	16a. WAS DECEAS	Jacob ED EVER IN U.S. ARMED F	Wesley ORCES? 166	Teach  Social Security No.	17. INFORMANT	Emm	Jane ADDRESS -	Smith
within pencil xomine ile page 72 hau	(Yes, na, ar ur	knawn) (If yes give v	var or dates of service)	None		V Rook W	N. Vermont St	Marvland
	18. CAUS	E OF DEATH (Enter anl	y ane cause per line f		oronary A	rtery Oc	clusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed ne word "pending" in to the Chief Medicol E. Puriol-transit permit. F. In ony event within	PAR	T I. DEATH WAS CAUSED	BY: TE CAUSE (a)		15/1/A	12/6/		immed
exe endi Me t pe	MIO		OUE TO, OR AS	A CONSEQUENCE OF				
hief hief ransi		s, if any, which gave mediate couse (a),	(0)	oronary A	rterioscl	erosis, S	Severe	uncer.
ould word he ( iol-t		e underlying couse	DUE TO, OR AS	A CONSEQUENCE OF				
sh to t bur		JUED CLOUDE CAND CONOR	(c)	TO DEATH BUY NOT DE	1750 70 705 770			
This certificate should cate, writing the word be forwarded to the Ch lbe used as a buriol-trust removal, and in any	Man	HER SIGNIFICANT CONOI	HONS CONTRIBUTING	TO DEATH BUT NOT KEE	ATED TO THE TERMINA	L DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)	
ward ward ward oval	190. DATE	OF OPERATION	196	. CONDITION FOR WHIC	H OPERATION			20. AUTOPSY?
This certifico ficate, writing be forwarded do be used as or removal, o	190. DATE			WAS PERFORMED?				· YES NO
		NAL CAUSE WAS OR CONTRIBUTING		JRY Manth, Day, Year	21c. HOW INJURY	OCCURRED (Enter natu	ure af injury in Part 1 or Part	2, Item 18.)
INER: The certification of nation, or nation, or	E CAUSE OF	DEATH	. P.M.	19				
cal examiner: execute the certifur. Page 4 should d for your files. TOR: Page 3 shoul	The second secon		LACE OF INJURY (At h tory, affice building, e	ome, farm, street, tc.)	21f. LOCATION Stre	eet ar R.F.D. No.	City ar Tawn	County Stote
L EXAM ecute th Page 4 or your or your R: Page		NOT WHILE TOC					ACMEDIA DE SE	
Yy please executed like the state of the sta		a. I <b>certify</b> that I to h resulted fram:						and in my opinion
Se ectorine control by the control b	aear	n resulted fram:	Natural causes	, Accident [	, Suicide		, Undetermined man	ner 🕒
ple din retorior retorior din r	ACTUAL	and Duran 1	1158	1/12/11		THIEF MEDICAL EXAMIN ASSISTANT MEDICAL EX		ATE SIGNED
ary, nera be ERA	SIGNATU	ישינ		400		DEPUTY MEDICAL EXAM	INER 🖳	9-6-68
o DEPUTY CAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (T	ype) Edward	W. Ditto	. III. M.D	•	ADDRESS(Street, city, to	own, or county) 217 W	Washington St
10 To # 2	230. BURIAL, C	(Spaciful)			ETERY OR CREMATORY	23d	. LOCATION (City or Town)	(Caunty) (State)
aD	Duria	De	pt. 7-68	ADDRESS	ew Cemeter		illiamsport	Md.
VR A15MB (AV	24. FUNERAL D	t L. Leaf	Williams			2Sa. REC'D BY RE	9 1968 25b. REGISTR	ar's signature
10M REV. 1968						DAIL		



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF V

ITAL RECORDS,	301 W. PRESTON	STREET, BALTIMORE,	MARYLAND	212 1358
	CEDTIEICATE C			

	D-NAME First r print)		Middle	Lost		. DATE OF DEATH	D V	2b. HOUR
(Type	Mar.	7	Odell	Huffe		September	28, 1988	5:30P
3. SEX		4. RACE		S. DATE OF E		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HR
	ale	Whit			9, 1903		VRS. MONTHS PAYS	
	PLACE (Stote or foreign	7b. CITIZEN OF WH		MARRIED NEVER MA	KKIEU	OUNTY OF DEATH		
	sboro, Md.	U. S. A				ashington		
	r town of Death gerstown		ME OF HOSPITAL OR INSTIT treet address) splington Co			CUPATION (Kind of work do working life, even if retire		BUSINESS OR
	RESIDENCE (Where deceo				13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		PIRE
odmission	ryland	13b_COUNTY Washi	ngton	Boonsboro	YES NO	141 Lakir		
14. FATHE		Middle	Lost		AIDEN NAME First	Middle		Lost
	Harry	E.	Itnyre		Dima	L.	Kaufi	man
	DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY NO.	17. INFORMANT	Paradi IV	Addres	s Md.	
No.	or unknown) (If yes give	war or dates af service)	220-16-364	7 Mr. Roy I	M. Huffer	141 Lakin	Ave. Boons	sboro.
	AUSE OF DEATH (Enter or	nly one couse per lin	e for (o), (b), and (c).)	1.1	111 -1	1		MATE INTERVAL NSEL-AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	Milay as	dial to	Lasthe	E Comment	DETWEEN O	ace
1 4	10 0 IMMEDI	ATE CAUSE (o)	S A CONSEQUENCE OF	1 1		1-11 -	6.1	- Contraction Cont
Con	itions, if ony, which gove		SA CONSEQUENCE SE	en Suntie	Heart	Viseau	21	In.
rise	o immediate couse (o),	(D)	S A CONSEQUENCE OF	accord to	4		1	-
	the underlying couse	(c)	S A CONSEQUENCE OF					
-	2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	TING TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDI	TION GIVEN IN PART I(o)	1	
	Akruma	tie Ken	- N	ace (	meeter	2 Heart	Farlie	
CERTIFICATION 11/0	100	CONDITION FOR WHI	CH OPERATION WAS PERFO		DP977	206. IF YES, WERE FINDIN		
E S				YES [	n uch	CAUSES OF DEATH?		Commence of the Commence of th
						CAUSES OF DEATHY		
₹ 21o.	ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF	INJURY		- Line	- April 311 State of the State	† 2. Item 18.)	
	ACCIDENT WAS UNDERLYIFE CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Doy Yeor		- Line	re of injury in Port 1 or Por	† 2, Item 18.)	
DICAL DICAL	CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Doy Yeor	21c. HOW INJURY OC	CURRED (Enter notu	Tre of injury in Port 1 or Por		State
WEDICAL OF STREET	ther, notify medical exami INJURY OCCURRED 21e.	TH HOUR A.M.	Month Doy Yeor	21c. HOW INJURY OC	CURRED (Enter notu	- April 311 State of the State	t 2, Item 18.)	Stot
WEDICAL OF WHI	CONTRIBUTING CAUSE OF DEA ther, notify medical exami INJURY OCCURRED 21e e Not while rk ot work	TH HOUR A.M. P.M. PLACE OF INJURY	Month Doy Yeor 19 AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21c. HOW INJURY OF	CURRED (Enter notu	city or Town	County	
WEDICAL MAR	CONTRIBUTING CAUSE OF DEA ther, notify medical exomi INJURY OCCURRED Trk of work  I certify that (1) (the	HOUR A.M. P.M. PLACE OF INJURY  Ais haspital) attentive an	Month Doy Yeor 19 AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.  And the deceased 2 19	21c. HOW INJURY OF	CURRED (Enter notu	City or Town	County	(I) (we)
WEDICAL OF WHI	ther, notify medical examination of the community medical examination of the community medical examination of the community o	HOUR A.M. P.M. PLACE OF INJURY  Ais haspital) attentive an	Month Doy Yeor 19 AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.  And the deceased 2 19	21c. HOW INJURY OF	CURRED (Enter notu	city or Town	County	(I) (we)
WEDICAL	CONTRIBUTING CAUSE OF DEA ther, notify medical exomi INJURY OCCURRED Trk of work  I certify that (1) (the	HOUR A.M. P.M. PLACE OF INJURY  Ais haspital) attentive an	Month Doy Yeor 19 AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.  And the deceased 2 19	21c. HOW INJURY OF	CURRED (Enter note et or R.F.D. No.  1967  1967  1971  1971  1971	City or Town  , ta find 257 death accurred an the	County	(I) (we)
WEDICAL CALL	CONTRIBUTING CAUSE OF DEA ther, notify medical exomi INJURY OCCURRED rk of work  I certify that (I) (th saw the deceased c causes stated abav	HOUR A.M. P.M. PLACE OF INJURY  Ais haspital) attentive an	Month Doy Yeor 19 AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.  And the deceased 2 19	21c. HOW INJURY OF The Property of the Propert	et or R.F.D. No.  19 119 119) (our) opinian  NG MED.  DIRECT	City or Town  ta 1 25 death accurred an the	County  19, that e date and haur o	(I) (we)
TO CITY OF THE PROPERTY OF THE	CONTRIBUTING CAUSE OF DEA ther, notify medical exami INJURY OCCURRED etc. Not while of work  I certify that (I) (the saw the deceased of causes stated abav  SIGNATURE  PHYSICIAN'S	HOUR A.M. P.M. PLACE OF INJURY  ais haspital) attention and the control of the co	Month Doy Yeor 19 At HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.  Anded the deceased 19 (sid not) view the ba	21c. HOW INJURY OF The Property of the Propert	et or R.F.D. No.  19 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	City or Town  ta fate death accurred an the OR STAFF PHYS.	County  19 6, that e date and haur of the county of the co	(I) (we) and fram
TO CITY OF THE PROPERTY OF THE	CONTRIBUTING CAUSE OF DEA ther, notify medical exami INJURY OCCURRED etc. Not while of work  I certify that (I) (the saw the deceased of causes stated abav  SIGNATURE  PHYSICIAN'S	HOUR A.M. P.M. PLACE OF INJURY  Ais haspital) attentive an	Month Doy Yeor 19 At HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.  Anded the deceased 19 (sid not) view the ba	21c. HOW INJURY OF The Property of the Propert	et or R.F.D. No.  19 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	City or Town  ta 1 25 death accurred an the	County  19 6, that e date and haur of the county of the co	(I) (we) and fram
15) (If e 21d Whi ot w 22c 22d.	CONTRIBUTING CAUSE OF DEA ther, notify medical exomi INJURY OCCURRED et of work  I certify that (I) (th saw the deceased c causes stated abav SIGNATURE  PHYSICIAN'S NAME (Type)  AL CREMATION. 23b.	HOUR A.M. P.M. PLACE OF INJURY  ais haspital) attention and the control of the co	Month Doy Yeor 19 AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.  Frided the deceased 19 (did not) view the ba	21c. HOW INJURY OF The Property of the Propert	et or R.F.D. No.  19/10/19/00/	City or Town  ta fate death accurred an the OR STAFF PHYS.	County  19 6, that e date and haur of the county  22c. DATE SIGNED  Gerstown,  (County)	(I) (we) and fram

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate Page 4 may be retained by the hospital or attending physician.

John H. Bast, Jr. 112 N. Main St. Boonsbore, Md. DATE OCT

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		Section					

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John H. Best, Fr. 112 H. Mais St. Secreboro, M. 9 001 2 1868 Alend R. J.

_ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3581
FOR STATE	Item#14 Film#G404 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	JOUL
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Do (Type or Print) STISAN FITZABETH TACKSON OF ESTI-	17.9
v is to age	DESTRIPTION DEATH MATER 9 1	5 1968 GAN
ny delay is 2, ond 3 to PM3. Page	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lef under 1 YEAR IF UNDER 24 HRS. OAYS HOURS MIN.	Year 1968 6 AM
2, 2, Pa	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED INFVER MARRIED 9 COUNTY OF DEATH	
form form te D	country) Maryland U.S.A. WIDOWED DIVORCED Washing to u	M
hours after deoth Item 18. Give Poges 1, Office olong with form 1 and 2 with the State De ofter deoth.	Hagerstown giv Washington Co. Hospital durin Student durin	b. KIND OF BUSINESS OR DUSTRY None
s after 18. Given olong with deoth.	13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Maryland 13b. COUNTY Frederick Near Fred. 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER Route # 1 Harm	ony Grove
hours Item 1 Office I ond 2	14. FATHER'S NAME First Middle Kurtz Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
4 - 10	Ernest Kurstz Jackson Anna Mer	6er
within 24 partition 20 partition 24 continers ille pages 72 hours	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes give war or dates of service)   218-50-3391   Mr. Ernest K. Jackson Route # 1	Frederick.Mk
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" ir Medical I permit. I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PSpria from gastric Content	
	Onditions, if only which gave )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only which gave )	Approx.
~ # Cqq	(b) Fracture Occiptul area (hepr) & lacucoform  otoring the underlying cause DUE TO, OR AS A CONSEQUENCE OF	36 hrs.
should be end word were to the Chief I burial-tronsit I in any ever	10st. (1) sight fruital + temporal Cobes	
is certificate should te, writing the word forworded to the Cl e used as a burial-tr removol, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
word word ovol,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
2 2 2	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item	YES NO
I pilitic		
NER: certifichould should files. I should otion, o	CAUSE OF DEATH 7 P.M. 9-13 1967 POIT THE WE TRUCK O WAS CO 22 WAS	County State
EXAMINER: ute the certinge 4 should your files. Poge 3 shou	factory office huilding stol	Fred, MS
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ical E e exect tar. Pa ed for ector: burial,	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	]
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ry, ple erol di be retr RAL Di prior	SIGNATURE Character W. D. C. C. C. M.D. ASSISTANT MEDICAL EXAMINER (1997)	15-68-
necessary, please extremely the funeral director. S may be retained to FUNERAL DIRECTOR. Health prior to bur	EXAMINER'S EDWARD W. DITTO, TT.  NAME (Type) 217 W. WASHINGTON ST. HAG. MD ADDRESS(Street, city, town, or county)	3 -6 7
0 = 1 0 m		derick. Md.
1/4	ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	
VR ATSME (S)	Robert E. Dailey & Son Frederick, Marylandon SEP-18 1968 Clients	

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DIVISION OF VITAL RECORDS, CERTIFICATE OF DEATH

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	7o. E	BIRTHPLACE (Stote of the party) IND IA	or foreign NA	U.S.A.		WIDOWED [	DIVORCE	CD _			1			Md
0.	10. 0			11. NAME give Ara	OF HOSPITAL OR INST	NOR I	t in hospitol HOME							OR
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1		15 15	GE OR GE	Middle	HAM			DEN NAME Fir		NOWN			Lost	
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2	Type or print  EDITH   ADALAID   JENNINGS   SEPTEMBER   12ev   reor1 968		ATH											
	3. SEX TEMALE  4. RACE WHITE  5. DATE OF BIRTH 1883  6. AGE (In years) IO. CITY OF TOWN OF DEATH HAGERS TOWN  10. CITY OF TOWN OF DEATH HAGERS TOWN  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12. CITY OR TOWN OF DEATH HAGERS TOWN  13. USUAL RESIDENCE (Where descessed lived, if institutions belore individed to the conditions)  13. CITY OR TOWN OF DEATH HAGERS TOWN  13. COUNTS SHAPE TO THE TEXT OF T		3											
THE PERSON NAMED IN		causes s	deceased ali stated above,	ve on	Sen/ 19	ody ofter o	thot in (my) leoth. OTTENDING PHYS.	(our) opin	nion deoth o	STAFF -		ond hour o	ond fro	m the
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1968

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pashould be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 haurs. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 moy be retained by the hospital or attending physician.

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ADDRESS

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

1968

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

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## DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13584

1321	G	MEDICA	L EXAMINE	ER'S CE	RTIFICAT	E OF DE	EATH					
1. DECEASED-NAME (Type or Print)	First		Middle		Lost			20. DATE KNOWN OF ESTI-	Month	Doy Y	eor :	2ь. ноце
(1)12 01 11111	Bennett	Eu	gene	K.	auffmar	Jr.	191	DEATH MATED	9 .	28	1968	401
3. SEX	4. RACE	5. DATE OF BIRTH	6. A	GE (In years	IF UNDER 1 YEA MONTHS DAY	R IF UNDER	24 HRS. MIN.	2c. DATE PRONOUNCED				2d. HOUR
Male		7/2/196	5 3	YRS.					Doy 28	Yeor 19	968	4 101
70. BIRTHPLACE (Stot	te or foreign 7b	. CITIZEN OF WHAT			RIED NEVER			NTY OF DEATH				
country) Penn		U.S.A.				OVORCED _		Nashing to	и			N
10. CITY OR TOWN O		11. NAME	OF HOSPITAL OR	NOITUTION	(If not in hosp	itol 120. L	JSUAL OC	CUPATION (Kind of wor	k done	12b. KIND (	OF BUSIN	ESS OR
Hagerstow	m Md.	give sign	ashingto	n Co.	Hospita	1 during	in the spherodis	working life, even if r		INDUSTRY -	X	
13o. USUAL RESIDEN odmission) STATI	ICE (Where deceosed E Pa	lived, if institution	n: Residence befor	e 13c. CITY	OR TOWN	13d. INSIDE CITY	NO 🔀	13e. STREET AND NUMB	SER			
14. FATHER'S NAME	First	Middle	Lost		1S. MOTHER'S			Midd	dle		Lost	
	Bennett	Eugene K	auffman	Sr.		JoAnn	1			Shear	rer	
160. WAS DECEASED EV	VER IN U.S. ARMED FO	RCES? 16	b. SOCIAL SECURITY		7. INFORMANT			ADDRESS	754	L.W.	East	
(Tes, no, brunknow	WN) (If yes give wo	(or dates of service)	x	M	rs. Cat	herine	She	arer Cham	bersh	nirg	Penn	18.
18. CAUSE OF	F DEATH (Enter only	one couse ger line	for (o), (b), ond (c)	).)						APPR	OXIMATE IN	MTERVAL MD DEATH
PART I. I	DEATH WAS CAUSED I	BY: CAUSE (o) Mas	ssive h	forma.	20-400	. x sh	orle	dul La		21	60	C .
8/9	7.9	DUE TO, OR AS	A CONSEQUENCE O	)F						1		
	ony, which gove	(b) ez-	ation Li	Ver	D DC Les	La June	- R	lood = Ac	60	Ite	PPH	Dx.
	diote couse (o), (	DUE 10, UK AS	A CONSEQUENCE C	Jr .					-	D		
last.	)	(c) Pui	lunguany	Ele	ms + 6	Bileter	0/1	Atolutasis	,	E Ta	- Gr	7
8054	SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NO	T RELATED T	O THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN PART 1(0)		77		
190. DATE OF COLOR	OPERATION	19	b. CONDITION FOR	WHICH OPER	RATION COL	+2-01	BI	eding fro	2 1-24	20. A	UTOPSY?	
A-1	28-68		WAS PERFORMED	? 10	cerofe	and 1	11/12			Y	ES Tal	- NO 🔲
210. EXTERNAL	CAUSE WAS	21b. TIME OF INJ	URY Month, Doy, Ye	or 21	Ic. HOW INJURY	OCCURRED (Er	nter notu	re of injury in Port 1 or	Part 2. Ite	m 18.)		
PRIMARY CA	R CONTRIBUTING	HOUR A:M:	0 17 10	66	Tuin	my i'v	1 12	uto Accid	Lent-	_		
CAUSE OF DEAT	CURRED   21e PL			21	If. LOCATION Str	eet or R.F.D. No	).	City or Town		County		Stote
WHILE AT WORK	- factor	or affine building a	4-1					rencostle	Fra	,		Pa.
22a. I	certify that I too	k chorge of the	remoins describ	ed obove	held on A	utopsy 🔽	- Ins	pection, Inq	uiry 🔽	and	in my	apinia
								Undetermined n				
	0 0			J,		CHIEF MEDICAL						
ACTUAL	chrank	WYK	6 105	-	M D	ASSISTANT MED	DICAL EXA	MINER :	22b. DATE S	IGNED		
	DD E 11	DITTO				DEDUTY MEDIC		UED -		29-6	5	
NAME (Type)	217 W. V	ASHING	TON ST			ADDRESS(Stree	t, city, to	wn, or county)				
230. DUNIME, CREINA	tilon, Laur. D	ATE	23c. NAME O	FCEMETERY	OR CREMATORY		23d.	LOCATION (City or Tow	n)	(County)	(Sto	ote)
REMOMAL (SPI		1/1968						hambersbur		nkli	n-Pe	nna
24. FUNERAL DIRECT			ADDI	RESS		2So. REC	D BY REC	GISTRAR 25b. REC	SISTRAR'S S	IGNATURE		
Robert	G. Sellers	Cham	bershure	Pa.	17201	DATE	JCT	3 1968	ycus	neg!	Judy	st.

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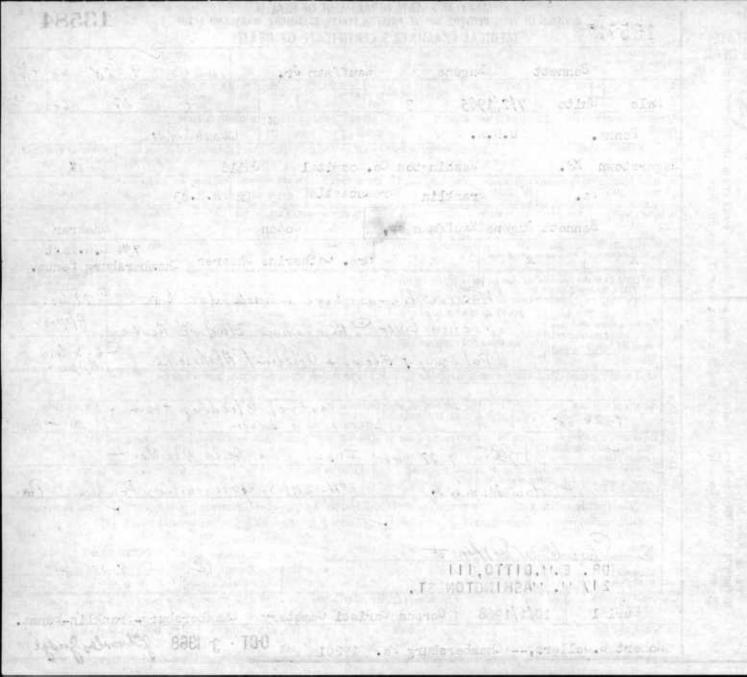
Robert G. Sellers, -- Chambersburg Pa.

necessary, please execute the certificate, writing the ward "pending" in pathe funeral director. Page 4 shauld be farwarded to the Chief Medical Example.

This certificate shauld be executed w

ICAL EXAMINER:

O DEPUTY



State

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CERTIFICATE OF DEATH

1. DECEASED-NAME	First		Middle		Last			20. DATE OF					2b. I	HOUR
(Type ar print)	Lawren	nce	Edward	Ke	endal1		10	9	Month :	54 Day	68	Year		N
3. SEX	4. R	RACE		All est	S. DATE OF	BIRTH			6. AGE (In y		1F UNDER		IF UNDER	
male		whi	te		May	17,	191	11	Sost birthdo	YRS.	MONTHS	OAYS	HOURS	MIN.
7a. BIRTHPLACE (State or fa	reign 7b. CI1	NZEN OF WH	AT COUNTRY?	B. MARRIE	D X NEVER N	ARRIED	9.	COUNTY OF	DEATH					
country) - W. Va.		USA		WIDOWE		VORCED _		Wash	ingt	on				Md
10. CITY OR TOWN OF DEATH			ME OF HOSPITAL OR INS			1 120	. USUAL	OCCUPATION	(Kind of wor	k done			BUSINESS	
Hagerstow	n	give c	2 E. Fi	rst S	St.	dur	o res	emanking	life, even if r	etired.)	INOU.	irn	tui	re
13o. USUAL RESIDENCE (Whe	re deceased live		an: Residence before	13c. CITY	OR TOWN	13d. INSID	E CITY LIMI	TS? 13e. ST1	REET AND NUM	ABER				No.
admissian) STATE Md.	13b	. COUNTY W	lash.	Hage	erstov	VTA YES	NO[	10	)2 E.	Fir	st	St	•	5.11
14. FATHER'S NAME Fire	st	Middle	Last		1S. MOTHER'S	MAIDEN N	AME Firs	st	N	liddle			Last	
Ch	arles	Edgar	Kendall	L		N.	Pea	arl Mi	ichea!	L				
160. WAS DECEASED EVER IN			16b. SOCIAL SECURITY I	NO. 17	. INFORMANT				Ac	dress				
Yes, na, ar unknawn)	(If yes give war or date:	s or service)	214-09-2	2603	Mami	e Ke	enda	11 I	lager	stow	m,	Md.		

1B. CAUSE OF DEATH (Enter anly one couse per lipe for (a) (b), and (b). PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave)  A 10 9 IMMEDIATE CAUSE (o)  DUE TO, OR AS 10 ISOURCE OF  Conditions, if ony, which gave)	Not know
rise to immediate couse (o), stating the underlying couse lost.  (c) Constitution Sclerons, Level 76  (c) Constitution Sclerons, Level 76  (c) Constitution Sclerons, Level 76  (d) Constitution Sclerons, Level 76  (e) Constitution Sclerons, Level 76  (c) Constitution Sclerons, Level 76  (d) Constitution Sclerons, Level 76  (e) Constitution Sclerons, Level 76  (e) Constitution Sclerons, Level 76  (f) Constitution Sclerons, Level 76  (g) Constitution Sclerons, Level 77  (g) Constitution Scl	A know
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	The state of

CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO [ YES 🗍

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. P.M. Month Day

21d. INJURY OCCURRED
While Not while at work AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f. LOCATION County City or Town

22a. I certify that (1) (this haspital) attempted the saw the deceased alive an and that in (mv) (aur) apinian death/accurred on the date and have and from the 22

causes stated abo	ive, (L) (we) (dig) (dic	nat) view the body a	fter dea	th.							
b. SIGNATURE	Frank U	Supons	DEGREE	ATTENDING PHYS.	Ø	MED. DIRECTOR		STAFF PHYS.		22c. DATE SIGNED	8
A STATE OF THE PARTY AND A STATE OF THE PARTY OF THE PART							_	/	/		

TURO KIEGO NAME (Type 23a. BURIAL, CREMATION, DREMOVAL (Specify) 23b. DATE

9-27-68 250. REC'D BY REGISTRAR
DATE SEP 2 6 1968 Clorles Cedar Lawn Mem. ADDRESS 24. FUNERAL DIRECTOR Minnich Funeral Home Hagerstown, Md

VR A15 (4) 30M REV. 1 68

director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon page should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and in any event, within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detoched for use as the burial-transit permit.

Page 4 moy be retained by the hospital or attending physician.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with

the attending physicion and completely sit permit. Then please remove carbon

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	r				CEKIILI	CATE OF DEAT	П					
	ASED-NAME e ar print)	First Mary	7	. Middle Ida	47	Kershner (	2a.	DATE OF DEATH	24	Y1°96	2b. HOU	UR P M
3. SEX	emale .		4. RACE White		19	5. DATE OF BIRTH August 28	189	6. AGE (In last but)	years nday) YRS.	MONTHS 265	HOURS	HRS. MIN.
10. CITY	Marylan or town of Death ral Hagors	d	give st	ME OF HOSPITAL OR INS treet address)	WIDOWEI	nat in haspital 12a. durin	USUAL OCCU	NTY OF DEATH  Vashingto  UPATION (Kind of w  working life, even ir  rical Wor	rark dane fretired.) <b>k Mar</b>	12b. KIND OF INDUSTRY		
13a. ·US admissi	TUAL RESIDENCE (Wher	e deceased 1	lived, if institution 13b. COUNTY Was	n: Residence befare	Hage:	or town 13d. INSIDE O	NO	13e. STREET AND N		treet		
	HER'S NAME Firs	d Fil	Middle <b>Lmere</b>	Last <b>Kershner</b>		1S. MOTHER'S MAIDEN NAM	Susar	1	Middle		Last Rewe	
	AS DECEASED EVER IN		FORCES? or dates of service)	16b. SOCIAL SECURITY		. INFORMANT		-	-	Street		
,	NO			214-09-6	134	Miss Susan K	ershr	er Hage	rstown	n, Mary	land	_
ris ste	PART 1. DEATH WA	h gave)	DUE TO, OR A:	S A CONSEQUENCE OF	non	ne of	Man	eroes		91	n0 -	
	ART 2. OTHER SIGNIFIC 157 G. DATE OF OPERATION			ING TO DEATH BUT NO		TO THE TERMINAL DISEASE 20a. AUTOPSY?	ORCONDITI	20b. IF YES, WERE	FINDINGS CO	ONSIDERED IN CE	RTIFYING	1
	a. ACCIDENT WAS UN FOR CONTRIBUTING CAL		21b. TIME OF HOUR A.M.	INJURY Manth Day Year	21c.	YES NO		CAUSES OF DEATH? e af injury in Part 1		tem 18.)		7
WEDIC 2	f either, natify medica ld. INJURY OCCURRED While Nat while wark	21e. PL	ACE OF INIURY /	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Street ar R.F.D	. Na.	City ar Tawn		Caunty	State	ð
	2a. I certify that	(I) (this	hospital) atte e an SeV l) (we) (did) (	nded the decease t-2-4-1 did nat) view the	ed fram 9 <b>6</b> , a bady afte	nd that in (my) ( <del>our</del> ) r death.	9.68 apinian	ta <u>St Pt·2.0</u> death accurred	an the da	6 %, that te and haur	(I) (we) and fram	las:
	2b. SIGNATURE	a.	110/	na	DE	GREE PHYS.	MED. DIRECTO	STAFF PHYS.	□ <sup>22c. [</sup>	PATE SIGNED		
	PHYSICIAN NAME (Type)	loyd	A.	10 FFm	22	22e. ADDRESS 2/4 H		mac st.	Has	gersta	wn, 71	21
B	URIAL, CREMATION, MOYAL (Specify)	236. DAT	.27,196			Cemetery	Wi	LOCATION (City or	rt. Was	(Caunty)	(State)	
24. FU	Albert L.	Leaf	Wil	liamsport	, Mar	44 4	EP 3	STRAR 25b. F	REGISTRAR'S	SIGNATURE PLAN		

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physical completely filled in by the transit director, page 3 should be detached far use os the burial-transit permit. Then please remove corbon papers. Pages and should be filed with the State Dept. of Heolth prior to burial, cremotion, or removal, and in ony event, within 72 hours offer death. VR A15 (4) 30M REV. 1

cuted within 24 hours of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Poge 4 moy be retoined by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE THAT STATE OF DEATH

	15373 OFKILLOVIE	- OI DEAIII	
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)
	Washington	a. STATE b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits,   c. LENCTH OF STAY IN 1b	Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
	write RURAL and give nearest town)	c. off or form (if outside corporate times, write nonne	nd givo nearest town,
	Hagerstown 3 Days	Clear Spring	
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Washington County Hospital	RFD-2	YES NO S
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) Dallas Hamilton	Krontz DEATH Sent. 17	19.0
5.		DATE OF BIRTH 19 ACE (ID VORES LE LINDER)	FEAR IF UNDER 24 HRS.
		a mala 22 TART RE	Days Hours Min.
10	Male   White   WIDOWED   DIVORCED   M a. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR		IZEN OF WHAT
du	ring most of working life, even if retired) INDUSTRY	COL	JNTRY?
	Railroader Railroad		3.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John P. Krontz	Dottie A. Mills	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	J
C	es, no, or unkown) (If yes give war or dates of service)	we was a war was a suppose	
	No 219-05-9900 M 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	rs Elsie V. Krontz RFD-2	INTERVAL BETWEEN
	(4), (4), (4), (4), (4), (4), (4), (4),		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute gastro-enter	ittis	Two Days
	56/X DUE TO		
	Conditions, If any, which   Unknown cause		
	gave rise to Immediate		
	underlying course lost		
NO	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ATI	77	('ANA hya   V.	PERFORMED?
FIC	Hypertensive cardiovascular disease, gastric ul	cer, atherosclerosis; Generalize	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC		ty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	y, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from Se	pt. 16 , 19 68, to Sept. 17 , 19 6	8, that (I) (we) last
	saw the deceased alive on Sept. 17 19 68, and that	death occurred at 11:35 arom the causes and on the	e date stated above.
	223 SIGNATURE ,		TE SICNED
	M. Daymon Md M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. Sept	ember 19. 1
- 3	220 SHYSICIAN'S	22d. ADDRESS	OHIDOI 179 1
	NAME (Type) William T. Layman, M.D.	100 Professional Arts Bldg,	Hagerstown
02:			
238	REMOVAL (Specify)		
_	Burial Sept. 20, 68 Rose Hill	Clear Spring       25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	laryland
24	Conato ( nomoson		SIGNATURE
	Thompson Funeral Home Clear Spr	ing. MasFP 2 4 1968 Scharle	Jan You

within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

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Hagaratown 3 Days Clear Spring

Weshington County Hospital RFDL2

The Country of the Co

Male white March 22, 1883 85

Railroader Railroad Weshington Co. Md. U.S.A.

John P. Kronts Pottie A. Mills

219-05-9900 Mrs Wate V. Kronts RFD-2 C. Spring

Updgown contact

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Sept. 15 68 18-16 11:35-17 168 1 11:35-17

Allies I. Layers, M.D. LOO Professional arts Side, Pagerators

Surial Sept. 20, 58 Fore Hill Clear Spring, Maryland Thompson Funeral Home Clear Spring, McSept. 1868 Professor

uted within 24 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate

**ro Hospital. OR ATTENDING PHYSICIAN:** The law requires thu Page 4 may be retained by the haspital ar attending physician.

mpletely filled in by move carban papers. Pariny event, within 72 haur

and in any

directar, page 3 shauld be detached far use as the burial-transit permit. Then a shauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13588

-	19910				CERTIFIC	CATE OF	DEATH				
	ASED-NAME e ar print)	First		Middle		Last		2a. DATE OF		Year	2b. HOUR
	· • • • • • • • • • • • • • • • • • • •	Molly		Viola	Leh	man		9	Manth 23 Day	68 Year	10a
3. SEX			4. RACE			S. DATE OF E			6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	femal	е	W	hite		Dec.	11,	1881	last birthday) YRS.	monins DATS	HOURS MIN
7a. BIR country	THPLACE (State of Md	- 3	b. CITIZEN OF	WHAT COUNTRY?	B. MARRIED WIDOWED	NEVER MA	RRIED	9. COUNTY OF Wash	ington		N
Wi:	Y OR TOWN OF D	port	gi	NAME OF HOSPITAL OR II	port S				(Kind of wark dane life, even if retired.) <b>EW1 F e</b>	12b. KIND OF INDUSTRY	BUSINESS OR
13a. US admissi	SUAL RESIDENCE (ian) STATEMA	Where decease	lived, if insti	tution: Residence before	Hager		13d. INSIDE CITY E		REET AND NUMBER  23 Broady	vay	
14. FAT	THER'S NAME	First	Middle	Last	1	S. MOTHER'S N	MAIDEN NAME	First	Middle		Last
	S	amuel		Moats		TCD-	Anne	30 400	Munso	n	
	AS DECEASED EVI		D FORCES? or dates of service)	16b. SOCIAL SECURITY	/ NO. 17.	INFORMANT			Address		
I es.	na or unknawn) 10	(ir you give wor	or dates or solvice;	none	M	rs. R	uth Se	chreck	Hagerst	own.	Md.
18				line far (a), (b), and (a	:).)			11.52	1007111	APPROXII BETWEEN O	MATE INTERVAL DISET AND DEATH
	PART 1. DEAT	H WAS CAUSED IMMEDIAT	BY: E (AUSE (a)	Corenz	Y -	Thy	ombo	112		1.	42.
	4100	)	. , -	R AS A CONSEQUENCE O	F				, , ,		
	anditions, if any		(b)_	Arter	1050	lero	- VIZ	Son	Irelized	10-	· urt
st	se to immediate to the under		DUE TO, O	R AS A CONSEQUENCE O		Me	Vitu	(	0	8	47-1
P	ART 2. OTHER SI	GNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED T	O THE TERMINA	AL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
z	H-1	Dort	onsl	V1. 1/21	5/113	-· 7	25921	٩			
CERTIFICATION 61	a. DATE OF OPER	ATION 19b. CO	ONDITION FOR	WHICH OPERATION WAS F	PERFORMED	20a. AUT	OPSY?	20b. IF	YES, WERE FINDINGS CO S OF DEATH?	)NSIDERED IN CI	ERTIFYING
3 0	a. ACCIDENT W. OR CONTRIBUTING f either, natify n	CAUSE OF OEATH	r) HOUR A./	И.	19	40	122	4346	ry in Part 1 ar Part 2, 1	tem 1B.)	
v at	Nd. INJURY OCCL While Nat wh wark at wa	rk 🗆		Y ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		6.5			ar Tawn	County	State
2	saw the	deceosed ali	ve on_S	ttended the deceo	19.6 F, an	d thot in (n	19 ny) (eur) op	<b>S</b> ¥, ta <u>S</u> inion deoth	occurred on the do	te and haur	(I) ( <del>we)</del> last and from th
	26. SIGNATURE	21	a.,	Leffn	DEG	11117		MED. DIRECTOR	STAFF PHYS. $\Box$ 22c. $\Box$	DATE SIGNED	18
22	Zd. PHYSTCIAN'S NAME (Type)	0110	127	+- HOF	-ma	22e. AD	DRESS .	Poto	macst.	H211	nton
	URIAL, CREMATIO		TE OF 6		F CEMETERY OF	CREMATORY		23d. LOCATIO	ON (City ar Tawn)	(Caumy)	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciary name 3 should be detached for use as the burial-transit permit. Then p

24. FUNERAL DIRECTOR Minnich Funeral Home ADDRESS
ADDRES Hagerstawn.

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restant.	onne	al nois	fauture
ALM AMERICAN POLICE			
		B 7 49	-02-94 - PETER
spine war to see her			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, 13589 CERTIFICATE OF DEATH First Middle Lost 20. DATE OF DEATH 2b. HOUR September 20,1968 Ear1 Dean Long 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. last birthday) HOURS white April 28. 1920 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington USA WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR giverstreet address) Co during most of warking life, even if retired.) INDUSTRY Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 136. COUNTY Mc Connell sbuffe RFD 1 15. MOTHER'S MAIDEN NAME First Middle Lost Earl L. Long Lydia S. Hess 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give wat or dates of service) Daryl Long, McConnellsburg, Penna 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ulmonary Embolism Canditions, if ony, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF pseudo-tumor increased intracranial 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH?

stoting the underlying couse PART 2. OTHER\_SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) pontaneous

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)

, 1960, ta 9

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M.

23b. DATE

9-23-68

Stote

21d. INJURY OCCURRED While Nat while at wark " at wark

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

City or Town

County

22a. I certify that (I) (this hospital) attended the deceased from 1, 19,60, ta 4,20, 19,60, that (I) (we) last saw the deceased alive an 19,60, and that in (my) (correct an the date and haur and from the causes stated obave, (!) (we) (did) (did not) view the body after deoth.

22d. PHYSICIAN'S

23o. BURIAL, CREMATION,

BENOYAL (Specify)

NAME (Type)

MED. DIRECTOR

23d. LOCATION (City or Town)

22c. DATE SIGNED

22b. SIGNATURE

1. DECEASED-NAME

3. SEX

(Type or print)

male

country) Penna.

10. CITY OR TOWN OF DEATH

Hagerstown

odmission) STATE Penna

Yes, no ar unknown)

First

14. FATHER'S NAME

7o. BIRTHPLACE (State ar fareign

after deoth

and in ony

burial, cremation, or removal,

ed for use as the of Health prior to

nd completely filled in by the funeral

the ottending physicion sit permit. Then please

signed by the burial-transit p

executed within 24 hours after deoth

PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the hospital or attending physicion.

A.F. Abdullah

22e. ADDRESS 318 N. Potomac

Hagerstown.

(State)

VR A15 (4) 30M REV. 1/68

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the director, page 3 should be filed v 24. FUNERAL DIRECTOR

Knobsville Meth. Cem. ADDRESS Minnich Funeral Home, Hagerstown, Md.

23c. NAME OF CEMETERY OR CREMATORY

2Sq. REC'D BY REGISTRAR

Todd Township, Penna.

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		Towns of the last	A WANTED
		Section 1	
		THE REAL PROPERTY.	

13590

2b. HOUR

	ECEASED-NAME	First	Middle	Lost	20	g. DATE OF DEATH			2b. HOUR
L	Type ar print)	Lewis	Ray	McCoy	August 1	September Month	300	1988	11:15A
3. 5	EX	4. R	ACE	S. DATE OF	BIRTH	6. AGE (In y	eors	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male		White	Oct.	12, 1896	last birthdo	YRS.	10 21	HOURS MIN.
7a.	BIRTHPLACE (State or	foreign 7b. CIT	IZEN OF WHAT COUNTRY?	8. MARRIED A NEVER N	AARRIED 9. C	OUNTY OF DEATH			
Ĭ	unkstown,	Md, U	J. S. A.		VORCED 🔲	Washington			Md
10.	CITY OR TOWN OF DE	ATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospital	1 12a. USUAL OC	CCUPATION (Kind of war		12b, KIND OF	BUSINESS OR
1	Hagerstown	1	give street oddress) Washington	Co. Hospita		if warking life, even if r		Printi	ng
13o odn	. USUAL RESIDENCE (\ ussion) _STATE _	Where deceosed lived 13h.	, if institution: Residence before	The second second second second	13d. INSIDE CITY LIMITS?				
	ission) STATE		Vashington	Funkstown		10 LOBITS			
14.	FATHER'S NAME	First	Middle Last		MAIDEN NAME First		Niddle		Lost
	Lewi		nton McCoy		Max	rgaret		Ja	cobs
160	NAS DECEASED EVE Yes, no, or unknown)	(If yes give war or dates	of canical 1		Dames d 1				wn, Md.
I	1				Raymond P	AcCoy, 309	E. WI	TEOU P	MATE INTERVAL
			ouse per line for (o), (b), and (c		_			BETWEEN O	DINSET AND DEATH
	1115	IMMEDIATE CAUS	E (0) Concessor		FAILURI	ŝ		2-,	1 Days
	4/0	DI	JE TO, OR AS A CONSEQUENCE OF		1			५इ	
	Conditions, if any, rise to immediate	couse (a),	(b) ARTERIO	scibranc 1	teme 2	DISCREE		13	235%
	stoting the underl		JE TO, OR AS A CONSEQUENCE OF						
		J	(c)	LOT DELATED TO THE TERM	WILL DISTLICE OD COND	TION OR THE BLOW W	,		
			CONTRIBUTING TO DEATH BUT F	IOI KELATED TO THE TERMI	INAL DISEASE UKCOND	ITION GIVEN IN PART I(O	)		
CERTIFICATION	4200 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS							NCIDEDED IN C	EDTIEVING
FIG	Tro. Date of of Ela	TVO. CONDITIO	ON TOK WINCH OF EKAHON WAS II	YES !		CAUSES OF DEATH?	volivos coi	NSIDERED IN C	LKIII / IIIO
CERT	21g. ACCIDENT WA	S UNDERLYING 12	1b. TIME OF INJURY			ure of injury in Part 1 a	Port 2 Ite	em 181	
MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH	IOUR A.M. Manth Day Year		occounted femor nor	ore ar injury in rain r a	1 011 2, 110	om 10.j	
MED	(If either, natify many 21d. INJURY OCCUR	RRFD 21e PLACE (	P.M.  OF INJURY (AT HOME, FARM, STREET, F/ OFFICE BUILDING, ETC.	OCTORY, 1 21f LOCATION S	treet or R.F.D. No.	City ar Tawn		County	State
	While Not while at work	e	OFFICE BUILDING, ETC.						
	22a. I certify t	hot (I) (this hast	pital) attended the deceas	sed from 5 Apr	مام ١٩ أمام	, to 3 5 30T	. 19 4	S that	(I) (we) las
	saw the d	eceased alive or	3 95ht.	19 68, and that in I	(my) (our) opinion	n death occurred or	the date	e and hour	and from the
		oted obove, (I) (	we) (did) (did not) view the	bady ofter deoth.			1 00 0		
	226. SIGNATURE	4 0		ATTEN	IDING MED.	TOR STAFF	1 -	ATE SIGNED	0, 0
	22d. PHYSICIAN'S	Grons	N/		ADDRESS	TOR L PHYS. L	145	EM. 19	768
	NAME (Type)	W. N.	. FENDER	21	8 N. Por	m 10 St. 18	TAGE	MSTOW	M. W.S.
230	. BURIAL, CREMATION			CEMETERY OR CREMATORY		d. LOCATION (City or To		(County)	(State)
Г	REMOVAL (Specify)	9- 6-	68 Funks	stown Cemete		Funkstown.	Wash	. Co.,	Md.
24.	FUNERAL DIRECTOR		ADDRES	5	25a. REC'D BY RE	GISTRAR 25b. REC	GISTRAR'S S	IGNATURE	1556 3706
Jo	ohn H. Bas	st. Jr. 11	2 N. Main St.,	Boonsboro.	MEDINEP (	6 1968 80	liarl	as Judy	Le.
-								0 0	

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iours after death

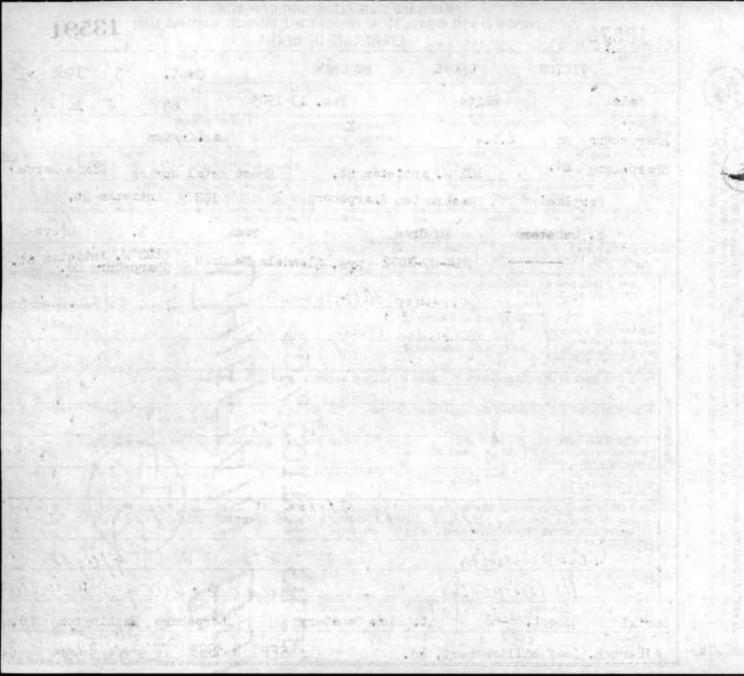
ATTENDING PHYSICIAN: The law requires that the death certificate be executed

**ro Hospital OR AftenDinG PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician.

(16) 25 2		TANK TO THE STATE OF		
37 1939 11:15	September	3.30	73.1	sind.
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Carlotte Carlotte				John H. Hesty dhe. 11

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13591 CERTIFICATE OF DEATH m#G404 9/18/68 vmp 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR 24 hours after death VICTOR (Type or print) GROVE MC GRAW Sept 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR Male White Feb. 13 1905 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Sharpsburg Md Washington U.S.A WIDOWED | DIVORCED [ 12b. KIND OF BUSINESS OR CO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give\_street oddress) during most of working life, even if retired.) Sharpsburg 102 W. Antietam St. Sheet Metal Worker event, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 102 W Antietam St. YES (X) 13b. COUNTY Washington Sharpsburg Maryland NO 🗀 remove PHYSICIAN: The law requires that the death certificate be execut in any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Mc Graw Vada E. Grove F. Webster and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 102° W. Antiotam St. Yes or unknown) (If yes give war or dates of service) Mrs. Glendela Mc Graw 214-09-1072 Sharpsburg Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY turni boses permit. Cormary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove ) signed by the burial-transit p Cornary rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE O stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19o. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ use far use Health O FUNERAL DIRECTOR: After this certificate the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while of work ATTENDING 22a. I certify that (1) (this haspital) attended the deceased fram 9/1/68, 198 , ta 19 6 , and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an.... 4 may be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING wanten DEGREE DIRECTOR directar, page should be filed PHYS. 22e. ADDRESS 2d. PHYSICIAN'S NAME (Type) marillo 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BUREMOVAL (Specify) Sept. 6-68 Sharpsburg Mt. View Cemetery Washington 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So, REC'D BY REGISTRAR VR A15 (4) 1968 Ochanilas DASEP 9 Albert L. Leaf Williamsport. Md. 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1 and 2

Juneral

72 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	3580		DIVISION O	F VITAL RECORDS,		PRESTON ST		TIMORE,	, MARYLAN	D 21201	' 1	135	92	*
1. DECEAS		First		Middle		Lost			ATE OF DEATH		3		2b. 1	HOUR
(Type	or print)	ALIC	E	OLIVIA		McKEE		SEP	TEMBER	<sup>10th</sup> 30 L	<sup>ody</sup> 68	Yeor	1	p
3. SEX			4. RACE			5. DATE OF	BIRTH	SHIP	6. AGE	(In years	MONT	HOER I YEAR	IF UNDER	24 HRS.
I	FEMALE		WH	ITE		MARCH	3, 187	78	90	birthday) YR:		HS DATS	HOUKS	MIN
	IPLACE (Stote or	foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARR	IED NEVER MA	RRIED	9. COUN	TY OF DEATH	- 6.4	-94			
country)	MARYLAN	ID	U.S.	A.	WIDOW		ORCED 🗌	W	ASHING	TON				M
10. CITY (	OR TOWN OF DEA	TH	11.	NAME OF HOSPITAL OR IN	STITUTION	(If not in haspital			ATION (Kind o		12	b. KIND OF	BUSINESS	OR
HAC	ERSTOWN		J	e street oddress) ACKSON CONV	ALES	CANT HO	ME during n	NON	rking life, eve	en it retired.	)   '	NONE NONE	3	
		here deceas	ed lived, if instit	utian: Residence before		OR TOWN	13d. INSIDE CITY		13e. STREET AN	D NUMBER		SITE		
oamission	) STATE MAR	YLAND	13b. COUNTY	WASHINGTON	HAG	ERSTOWN	YES	10 🗆	50 W	HILL	CRES	T RD.		
14. FATHE	R'S NAME	First	Middle	Lost		IS. MOTHER'S	MAIDEN NAME	First		Middle			Last	
	WILI	MAI	C	MeKEE	C		EMMA		K		M	IDDLE	CKAUI	FF
16a. WAS	DECEASED EVER		IED FORCES? ar or dates of service)	16b. SOCIAL SECURITY	NO.	17. INFORMANT		BANK	50	Address	IILL	CREST	RD.	
162, [	o, or unknawn)	(11 yes give to	or or deres or service)	NONE		MRS. LA	URA CRO	DSSON	HAG	ERSTOV	W,	MARYI		
18.				line far (a), (b), and (c).	.)				4,71110	1		APPROXII BETWEEN O	MATE INTERV	VAL DEATH
	PART I. DEATH	WAS CAUSED  IMMEDIA	) BY: ITE CAUSE (a)	Coronal	-4	Thro	m-60	212	1901			1	h -	
1	+109			AS A CONSEQUENCE OF		1			,	1,00			. 1-	1
	ditians, if any, w			Arterio	122	000277	- Se	nort	1/121	d		10	44	3 -
	to immediate		DUE TO, OF	R AS A CONSEQUENCE OF		90 to PU.		W. T.	0					-
	420	/	(c)_					- 1						
PAF	RT 2. OTHER SIGN	IFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATE	D TO THE TERMIN	AL DISEASE OR	CONDITION	N GIVEN IN PA	RT 1(a)				-
2	S	enili	+4 ,											
CERTIFICATION 510	DATE OF OPERATI	ON 19b.	CONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20a. AU	OPSY?		20b. IF YES, W CAUSES OF DEA		CONSID	ERED IN CI	ERTIFYING	3
SIE!						YES	] NO		CAUSES OF DEA	AIRIS				
	. ACCIDENT WAS			OF INJURY		c. HOW INJURY O	CCURRED (Ent	er nature	af injury in Pa	rt 1 or Part :	2, Item	18.)	7 M	
	or contributing [						4							
	I. INJURY OCCURE	RED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY,) 21	f. LOCATION Str	eet ar R.F.D. N	0.	City ar Tow	n	Co	unty	S	tote
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22d	PHYSICIAN'S	70	1	All has		22e. Al		DIRECTOR	- 11113			2,00		-
	NAME (Type)	LLOYE	A HOFF	MAN. M.D.	12.54		N POT	OMAC	ST., HA	GERST	. NWC	MD.	100	
23g - BIII	RIAL, CREMATION,	23b. I		23c. NAME OF	CEMETERY	OR CREMATORY			LOCATION (City			ounty)	(State	3)
	OVAL (Specify)		0/3/68	- VE - VE		EMETERY			ERSTOW					
DANGE OF THE REAL PROPERTY.	ERAL DIRECTOR	1	0,2100	ADDRESS		TOTAL PROPERTY.	2Sa. REC'D	BY REGIST	IRAR 2S	b. REGISTRA	R'S SIGN	ATURE	11.1	
a	laber SI	Clou	321	HAGERSTOV	NN. N	MARYLAND	DATE O	CT	7 1968	gol	iani	es la	der	

1968

DATE OCT

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and comp director, page 3 shauld be detached for use as the burial-transit permit. Then please remove should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony ever

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within 24 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected

Page 4 may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13593

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (os.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION  CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING  210. TIME OF INJURY  211. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
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70. BIRTHPIACE (Stote or foreign country)  70. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED WASHINGTON  10. CITY OR TOWN OF DEATH  HANCOCK  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)  13. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  13. COUNTY WASHINGTON  14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle HOWARD S. MELLOTT S. MOTHER'S MAIDEN NAME First Middle HOWARD S. MELLOTT NAME OF NAME FIRST MIDDEN Service)  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), ond (c).)  DUE TO, OR AS A CONSEQUENCE OF (c).  190. DATE OF OPPRATION DO. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPPRATION DO. CONDITIONS CONSIDERED IN CLAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	IF UNDER 24 HRS. HOURS MIN.
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Country   Coun	Stote
21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while	31016
of work of work   19.5 9, to pulse 2, 19.6 8, that	(1) (wa) las
22a. I certify that (I) (this hospital) attended the deceased fram 1968, and that in (my) (our) opinion death occurred an the date and haur	
causes stated abave, (I) (we) (did) (did not) view the bady after death.	
22b. SIGNATURE  THE DEGREE PHYS.  MED. STAFF   22c. DATE SIGNED   9-23-2	18
22d. PHYSICIAN'S NAME (Type) Frank B Thomas III MD. 122e. ADDRESS Hancock. And.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an director, page 3 should be detached far use as the burial-transit permit. Then please reshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a VR A15 (4) 30M REV. 1/68

23c. NAME OF CEMETERY OR CREMATORY CHAPEL

23b. DATE 9/23/68

AL, CREMATION OVAL (Specify)

LOCATION (City or Town) 23d. ERORDSBURG (County) (Stote)

MAYS CEMETERY ADDRESS

250. REC'D BY REGISTRAR 2
DATE SEP 2 5 1968 2Sb.

FULTON

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13594 13582 CERTIFICATE OF DEATH 20. DATE OF DEATH uneral and 2 death. 1. DECEASED-NAME First Lost 2b. HOUR (Type or print) September Arthur Lee Nokes : LOA M 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years last birthday) Feb. 9, 1885 Male White 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar foreign 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED Point of Rocks, Md. U. S. A. DIVORCED WIDOWED K Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.)
Boiler Maker Helper Knoxville Rfd. 2, Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? ar remayal, and in any event admission) STATE

Maryland 13b, COUNTY Washington Knoxville Rfd. 2 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Lost physician and law requires that the death certificate be Paralee Nokes Corder James 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) (If yes give wor or dates of service) 705-12-0298 Mr. James Nokes, Knoxville, Rfd. 2, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Pulmonary Edema 2 hrs IMMEDIATE CAUSE (a) \_ DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) Congestive Heart Failure burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🔯 ed far use of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work

be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been TENDING PHYSICIAN: The directar, page 3 shauld shauld be filed with the

22a. I certify that (I) (this top pind) attended the deceased fram May 8, 1966, to Sept. 1, 5968, that (I) (we) last saw the deceased alive an Sept. 151968, and that in (my) (our) apinian death accurred an the date and have and fram the causes stated abave, (I) (We) (did) (did) (did) view the bady after death. 22b. SIGNATURE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Brownsville Cemetery

NAME (Type) C. T. Byron Kao, M.D.

PHYS. 22e ADDRESS MED. DIRECTOR

22c. DATE SIGNED STAFF PHYS. 9-15-68

ATTENDING

Gum Spring Hollow, Brunswick, Md. 23d. LOCATION (City or Town) (County)

23a. BURIAL, CREMATION, PEMOVAL (Specify) 24. FUNERAL DIRECTOR

22d. PHYSICIAN'S

23b. DATE

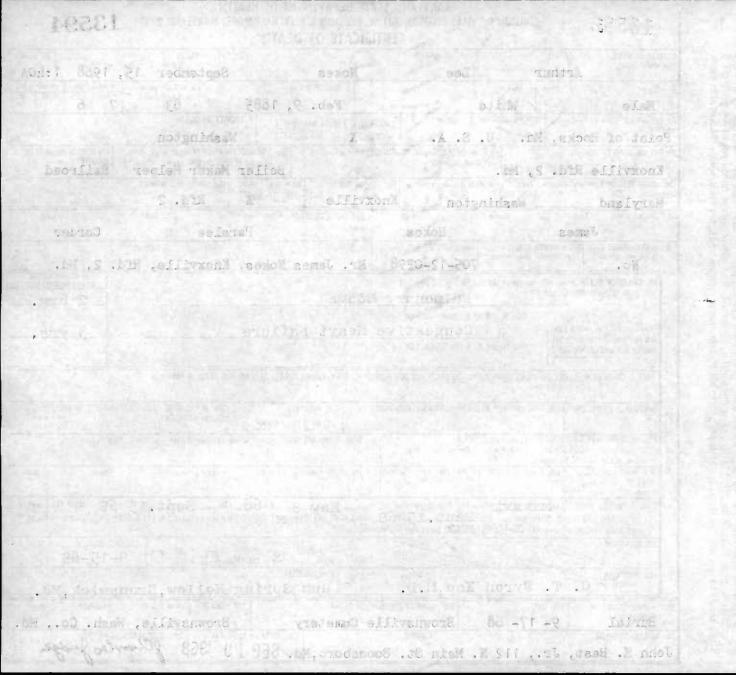
9- 17- 68

Brownsville, Wash. Co., Md. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

John H. Bast, Jr., 112 N. Main St. Boonsboro, Modale SEP 19 1968

VR A15 (4)

30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

13595

13583

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex Page 4 may be retained by the haspital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	ECEASED-NAME Type ar print)	First	Middle	Last		September 1	Day Yeas 2b. HOUR
3. SE		largaret	Clemma	O* Nea		6. AGE (In years	7, 1968 7:10A
-	Female	White			ch 20, 190	lost hirthday)	MONTHS DAYS HOURS MIN.
	BIRTHPLACE (State ar forei		AT COUNTRY? 8	MARRIED NEVER MA		OUNTY OF DEATH	
Wa.	sn. Co., Md.	U. S	. A.			ashington	M-
10. (	Hagerstown  Hagerstown		ME OF HOSPITAL OR INSTIT treet-address) ashington C	TUTION (If not in hospital	dusing mast of	CUPATION (Kind of work dar working life, even if retired Sevile	
13o. odm	USUAL RESIDENCE (Where issign) STATE Mary land	deceased lived, if institution 13b COUNTY	an: Residence before 1	Boonsbore	YES NO	13e. STREET AND NUMBER 7 S. Main	St.
_	FATHER'S NAME First	Middle	Last	IS. MOTHER'S	MAIDEN NAME First	Middle	Last
	Samu	iel	Holmes		Albei	rta J.	Snyder
	. WAS DECEASED EVER IN L (es, no, or unknown)   (If	Verbase he detale as some same	16b. SOCIAL SECURITY NO			Address	Md.
	No.	yas giro wai ai asias ai sairicej	217- 56- 16	65 Mr. Ral	ph W. O'N	eal, 7 S. Mai	n St. Boonsboro
	PART I. DEATH WAS	MMEDIATE CAUSE (a)	exfar (a), (b), and (a.)	suit car	dio Vas	cula disco	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which	gave)	S'ACONSEDUENCE OF	et mes	Vilie	Section 1	1042
	rise ta immediate caus stating the underlying last.		S A CONSEQUENCE OF				1
	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	
z	260x	•		**			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFO	ORMED 20a. AU YES [		20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UND or contributing caus (If either, notify medical	E OF DEATH HOUR A.M.	INJURY Month Doy Yeor 19	21c. HOW INJURY O	CCURRED (Enter notu	re of injury in Port 1 ar Part	2, Item 18.)
WE	21d. INJURY OCCURRED While Not while at wark of wark	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATION Str	eet or R.F.D. No.	City or Town	County State
	sow the deceo	(I) (this haspital) atte sed olive an Age obove, (I) (we) (pld)	0 (0 19	and that in (		deoth accurred an the	19_6, that () (we) lo date and hour and from the
	22b. SIGNATURE	W. Lelle	in M.	D DEGREE ATTENE	DIRECT	STAFF	22c. DATE SIGNED Segel: 18/1968
	22d. PHYSICIAN'S NAME (Type)	. Wihe Va	en M.	A 22e. Al	DORES BOO	usboro,	md.
23a.	BURIAL, CREMATION,	23b. DATE		METERY OR CREMATORY		d. LOCATION (City ar Tawn)	(County) (State)
	FUNERAL DIRECTOR	9- 19- 68	Samples	Manor Cem	2Sa. REC'D BY REC	in the state of th	

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217- 56- 1995 Mr. Milyn . Wilson, 7 5. Main St. Ronnspore.

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Suital 9-19-38 Emples Land Dere my Bomples Mandr Con. No. Mr.

John Y. Bre . St. 112 M. Min St. Doorsoom C. M. SFP C. 1948 Miles Complete Complete

## MARYLAND STATE DEPARTMENT OF HEALTH

13596 DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

	13584				CERTIF	CATE OF DEA					
	CEASED-NAME  'pe or print)	First	-	Middle		Lost	12	a. DATE OF		Qy Yeor	2b. HOI
(1)	po or pinn,	Clai	r Isaa	c Park				Sept.	247, 196	8	4:15 A
. SE)			4. RACE			5. DATE OF BIRTH			6. AGE (In years last birthday)	MONTHS DAY	
	M			W		Apr. 12,			30 YR		
	IRTHPLACE (State ar f	areign	b. CITIZEN OI	WHAT COUNTRY?	8. MARRIE	D ENEVER MARRIED	9. 0	OUNTY OF	DEATH		
Shu	Iton Co.,	Pa.	U.	S. a.	WIDOWE			Washi	ngton Co	Md.	100
0. CI	TY OR TOWN OF DEA	TH		NAME OF HOSPITAL OR IN live street oddress)	STITUTION (I				(Kind of work done	12b. KIND	OF BUSINESS OF
	Hagerstow	m		Washington	Co.	Hospital		-y/Rei	nny Ord		/
3a. l	JSUAL RESIDENCE (Wi sion) STATE	nere decease	d lived, if ins	titutian: Residence before	13c. CITY		SIOE CITY LIMITS		REET AND NUMBER		113
Qiii.	Pa.		13b. COUNT	lton	Ft.	ittleton	□ NO €	1	Dublin 1	Tup.	
4. FA	ATHER'S NAME F	irst	Midd	le Lost		IS. MOTHER'S MAIDEN	NAME First		Middle		Lost
	TY	raice		Park	2		Eth	e/			Norri.
	WAS DECEASED EVER s, ng, or unknown)	If yes give war	or dates of service	16b. SOCIAL SECURITY		. INFORMANT	,	2	Address		1 4
	Ves	Peace	time		-	Mrs. Bayl	bara	alla	ik, Ft.	Little	ton, la
Y				er line for (a), (b), and (c)	.)					BETWEE	N ONSET AND OFAT
	PART 1. DEATH	IMMEDIAT	BY: E CAUSE (a) _	Undifferent:	iated	carcinoma	, thyr	oid w	rith	5 m	onths
	143 X		DUE TO,	OR AS A CONSEQUENCE OF	media	astinal & p	pulmor	ary n	etastasis	3	
	Conditions, if ony, w		(b)_								
	rise to immediate of stating the underly		DUE TO,	OR AS A CONSEQUENCE OF							
	last.		(c)_								
	PART 2. OTHER SIGN	IFICANT COND	ITIONS CONTI	RIBUTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISE	EASE OR CONE	ITION GIVEN	IN PART 1(a)		
z l	194-X						D 100				
CERTIFICATION	190. DATE OF OPERATI	ON 19b. C	ONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	LANE.		CONSIDERED IN	CERTIFYING	
E		25			1.35	YES 🙀	NO 🗌	CAUSES	OF DEATH?	5	
	21a. ACCIDENT WAS	UNDERLYING	21b. TIM	E OF INJURY .M. Month Doy Yeor		HOW INJURY OCCURRE	D (Enter no	ture af injur	y in Port 1 or Part :	2, Item 18.)	124.9
	(If either, natify med	lical examine	r) P	.M. 1	9						10.00
×	21d. INJURY OCCURR While Not while	ED 21e. F	LACE OF INJU	RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f.	LOCATION Street or F	R.F.D. Na.	City	or Town	County	Stot
	at wark at work									DE31	
	22a. I certify th	at (I) (this	haspital)	attended the deceas	ed fram	pept. 22	_, 1968	, ta	Sept. 27	19_68_, th	at (I) (we)
	sow the de	sow the deceased alive on Sept. 2619_68, and that in (my) (aur) apinion deoth occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.									
-	22b. SIGNATURE	gu ubuve,	(i) (Me) To	nd) (ala not) view me	boayane	ucum.			22	c. DATE SIGNED	
61	X	17/2	Chu	0 1016	U DI	GREE PHYS.	MED.	TOP -		9-27-68	
	22d. PHYSICIALS	//	- 1000		1	22e ADDRESS	DIKE				
	NAME (Type)	J. H.	KEH NE	, M. D\		1229 F	Ravenw	rood H	ts., Hag.	, Md.	
230	BURIAL, CREMATION,	23b. D.	ATF .	23c. NAME OF Walnu	CEMETERY	OR CREMATORY.	1 1 2	3d. LOCATIO	N (City ar Town)	(County)	(State)
	REMOVAL (Specify)		nt. 30	268 Walnu	t Grov	e First Ch	ruch		densuille		

O FUNERAL DIRECTOR: After this certificate has been signed by the attending party VR A15 (4) 30M REV. 1/68

REMOVAL (Specify)
24. FUNERAL DIRECTOR

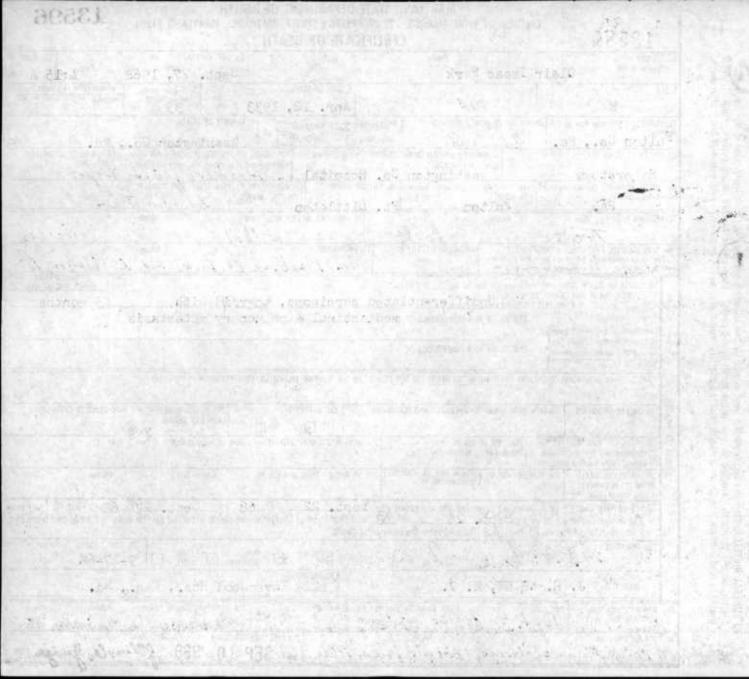
ar and campletely filled in by the

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs af Page 4 moy be retained by the hospital ar attending physician.

ADDRESS

256. REC'D BY REGISTRAR 1968 DATE SEP 3

25b. REGISTRAR'S SIGNATURE Marle



MARYLAND STATE DEPARTMENT OF HEALTH

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8	-	MARYLAND STATE DEPARTMENT OF HEALTH  3589 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
ATE		TO OM O DIE O OF ED /2 // O .	3600
DEPT.		ECEASED-NAME First Middle Last 20. DATE KNOWN Month	
厘)		Carton Monroe Furdum Sro. Death mated 7/	25/ 1968 3PI
2	3. SE	hale white 4-17-26 4 yes bughday) MONTHS DAYS HOURS MIN. Month, - Day 785	Yeor 1968 3 2 M
e Depo	7o. B	BIRTHPLACE (Stote or foreign  7b. CITIZEN OF WHAT COUNTRY?  B. MARRIED INEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED 9. COUNTY OF DEATH  WIDOWED DIVORCED 9. COUNTY OF DEATH	N N
Per 79	H	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol agerstown give street with the street of the	
S Beat	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Thurmont YES NO X Mountaind.	ale
1 1 1	14. F	ATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
13 68	_	Albert M. Purdum Mamie Craver	
72 hours	14	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT Grace Ida, E. Purappress  17-30-6320 Ida/E/Purayann Thurmont,	
_ =		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
burial-transit permit.		IMMEDIATE CAUSE (0) transfer S Coult - parietal area c	
event		Ober TO, OR AS A CONSEQUENCE OF.  Conditions, if ony, which gove tise to immediate cause (a)  (b) Classe believe have - Cacero Lucie Rejecte	a 20ler
ony e		DUE TO. OR AS A CONSEQUENCE OF	Approx.
ľa,		but - Hed beam Hemershage and	01//
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION SIVEN IN PART 1(0)	
1	CERTIFICATION	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DEPTH OF INJURY Month, Doy, Year HOUR AM. 1 P.M. 9-24 19 C8 Fell from 1 or date - While	
2	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City of Town 12 form, street, foctory, office building, etc.)	Fred. Hd
or to burial,		22a. I certify that I taok charge of the remains described abave, held an Autopsy 🕞 Inspection 🔲, Inquiry 🗔	
		death resulted fram: Natural causes 🔲 , Accident 🖳 Suicide 🔲 , Homicide 🔲 , Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER   ACTUAL MD ASSISTANT MEDICAL EXAMINER   22b. DATI	E SIGNED
0		SIGNATURE AND	-25-68
d	720		Washington Stown Stown Maryland
Heolin Heolin	2.5%	PEMOVAL PSpecific	(County) (Stote) ed. Co. Md.
	74	PUMERAL DIRECTOR - ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S	SIGNATURE
201	a	Thurmont, Md. DATOCT 1 1968 fclor	les judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1000			CERTIFIC	ATE OF DEA	TH	11.7		1	1:	36	04	
1. DECEASED-NAME (Type or print)	First FRANKL	IN MAJOR	τ	lost REED		DATE OF	DEATH EMBER	e Day	190		20.	HOURA
3. SEX	P ITAN ALI		-	5. DATE OF BIRTH	10				IF UNDE			:20 R 24 HRS.
MALE		WHITE		3/13/	1911		6. AGE (In your last bitthe	y) YRS.	MONTHS		HOURS	MIN.
7a. 8IRTHPLACE (Sta country) WEST	ote or foreign 7b. CIT VIRGINIA	TIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED				SHING					Mo
HAGERS		11. NAME OF HOSPITAL OR give WASHING	TON COU	IOSHITAD INTY	n. USUAL OCC	UPATION .	(Kind of wor feacuen if r	k dane etired.)		KIND OF	8USINES	S OR
13a. USUAL RESIDEN odmission) MATE	YLAND 13b	d, if institution: Residence before Nachard			DE CITY LIMITS?		EET AND NUM		ON I	BLV	D.	
14. FATHER'S NAME	First	Middle Las		MOTHER'S MAIDEN N	_			liddle			Last	
		ADISON REED			R	ETT:	IE		P	RUN	TY	
16a. WAS DECEASED	EVER IN U.S. ARMED FOR	and a construct of		FORMANT				ddress				
Yes, no or unkno	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	214-09-	2265 M	RS. HILD	A REF	D I	IAGER	STO	MN	MD		
18. CAUSE O	DEATH (Enter anly one	cause per line far (a), (b), and	(c).)		A						MATE INTER	
PARI 1. I	DEATH WAS CAUSED BY: IMMEDIATE CAU	SE (o) acui	a pulm	mary	Edina	ia				30	hu	4
	any which gave	SE (o)	OF glatine	Reart ;	failer	re				1	yr	
	diate cause (a), nderlying couse	UE TO, OR AS A CONSEQUENCE (c) arter	OF a willers	tre hear	t de	un	-			4	rs	/
4201		S CONTRIBUTING TO DEATH BU						)		0		
19a. DATE OF C	PERATION 19b. CONDITI	ON FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	NO 🔀		YES, WERE FII OF DEATH?	ndings c	ONSIDER	ED IN C	ERTIFYIN	IG
₹ □ OR CONTRIBUT		PIb. TIME OF INJURY HOUR A.M. Manth Day Yo P.M.		W INJURY OCCURRED	(Enter natu	re af injun	y in Part 1 or	r Port 2,	Item 18.	)		
21d. INJURY ( While No	OCCURRED 21e PLACE	OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.	r, FACTORY,) 21f. LO	CATION Street or R.	F.D. No.	City	or Town		Caun	ty		State
22a. I cert	<b>ify</b> that (I) ( <del>this hos</del> he deceased alive a	pital) attended the dece nwe) (did) (did nat) view t	ased from 19 <i>60</i> , and he bady after a	that in (my) (ou eath.	, 19 <u>6/</u> #) apinian	, tadeath a	ccurred ar	, 19 the do	ES ate and	, that I haur	(I) ( <del>v</del> and fr	ve) las am the
22b. SIGNATUR	RE Harold R/	1-	MD DEGR	ATTENDING PHYS.	MED. DIRECTO	OR 🗆	STAFF PHYS.	22c.	DATE SI	GNED /	8	
,	pe) HAROLA IC	.TRitch JR	mo		n. Poten			keger	stir	m,	Med	,
23a. BURIAL CREM REMOVACION		/68 RES	OF CEMETERY OR HAVEN	CEM.		HAC	N (City or To	OWN		SH.	(Stat	,
24. FUNERAL DIREC	TOR	/ ADDR	RESS	2Sa. 1	REC'D BY REG	SISTRAR	25b. RE0	GISTRAR'S	SIGNAT	URE		

1968

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. county Washington Washington Maryland **MARYLAND** b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b 27 Days Hagerstown Clear Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital RFD-2 YES TO NO 3. NAME DE Middle Last 4. DATE Month Year DECEASED (Type or print) Earl DEATH 1968 Richard Sept AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 60 гетоуе last birthday) | Months | Days Hours and any WIDDWED [ 189 Male DIVDRCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician INDUSTRY COUNTRY? and Wash. Marvland Retired Farmer U.S.A certificate 14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME attending parmit. Then Adam S. Repp Rosa Ann Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address ed by the attenct transit permit. cremation, or r death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Annie M. Repp RFD-2 Clear Sprin No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by th burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Brain Syndrome 2 months retained by the hospital or attending physician. DUE TO Arteriosclerosis, Generalized unknown The law requires Conditions, if any, which (b) peen gave rise to Immediate the r DUE TO cause (a), stating the r this certificate has be detached for use as the Dept. of Health prior underlying cause last. CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Pulmonary Emphysema YES NO X 20a. ACCIDENT WAS UNDERLYING ☐ DR CDNTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State at work p.m. at work 21. I certify that (I) \*\*\* attended the deceased from 07/26/68 09/02/6819 saw the deceased alive on Sept 2. 196819 and that death occurred a8:05AM from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. 09/04/68 PHYS. Page 4 may 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Archie Robert Cohen, M.D. Clear Spring, Maryland 21722 (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. REMDVAL (Specify) Blairs Valley REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Burial 24. POWERAL DIRECTO Clear VR A.15 (4) Clear Spring 1/65

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) ESTI-Edward Robison James DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD pup 5/4/15 53 YRS Male Cau. Sent 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED V NEVER MARRIED country) Washington WIDOWED [ DIVORCED [ U.S.A Item 18. Give Pages and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done be executed within 24 hours after death 12b. KIND OF BUSINESS OR Washington Co. Hospital Constr. Wkr. Hagerstown death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Cumberland YES X NO 117 Oak St. 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME Middle McInTosh Hazel Robison hours Thomas 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Cumb. Md. perm (Yes, na, ar unknown) 217-10-4404 Evelun C. Robison Mrs. File APPROXIMATE INTERVA 2 within CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN GINSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) Cardiac Arrythmia DUE TO, OR AS A CONSEQUENCE OF buriol-transit the Chief Canditians, if any, which gave (b) Chronic Rheumatic Heart Disease, With Mitral Several rise ta immediate couse (o), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF Insufficiency years stoting the underlying cause \_= (c) Cardiac Hypertrophy should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 gp removal. be used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? necessory, please execute the certificate. YES TO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 0 PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote moy be retained for your FUNERAL DIRECTOR: Poge foctory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy x, Inspection . Inquiry and in my apinian the funerol director. Natural causes 🗶 Suicide . death resulted fram: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Sept. 13. 1968 DEPUTY MEDICAL EXAMINER 5 moy to FUNER Health EXAMINER'S 215 W. Washington, Str. of Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) 9/16/68 Dawson Cemetery Dawson Allegany, Hd. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 1968 H. Wayne George Cumberland. Md. 10M REV. 1

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TO FUNE Health	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (	County) (Stote) ASH MD
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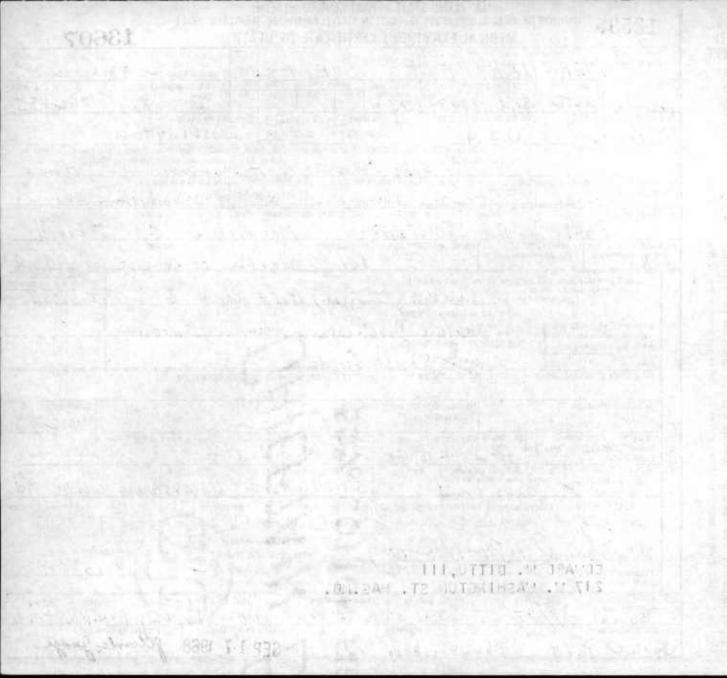
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME **First** Middle Lost 2a. DATE KNOWN 2b. HOUR (Type or Print) 700 OF ESTI-DEATH MATED 196 ny delay 3. SEX 4. RACE UNDER 24 HRS S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOU₽ and MONTHS DAYS lost birthday) 7a. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH MARRIED NEVER MARRIED ong with form Washing WIDOWED DIVORCED Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ofter deof give street address) during most of working life, even if retired.) INDUSTRY TOUSE WOY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE hours tem 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME 24 hours = page Exominer 17. INFORMANT ADDRESS This certificate should be executed within pencil (Yes, not or unknown) File 2 within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) permit. the Chief Medicol PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O burial-transit Canditions, if any, which gave rise to immediate cause (a), writing the word stating the underlying cause .⊆ NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SO removol, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES NO should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY CONTRIBUTING CAL EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK North Ma Ozks ando buriol, for 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry the funeral director. be retoined death resulted fram: Natural causes Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUT DWARD DITTO. 11 DEPUTY MEDICAL EXAMINER may Heolth NAME (Type) ADDRESS(Street, city, tawn, or county) WASHINGTON ST 23a. BURJAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Sous GT Israel Cemeters ADDRESS 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) 10M REV 1/68

DEPARTMENT OF HEALTH



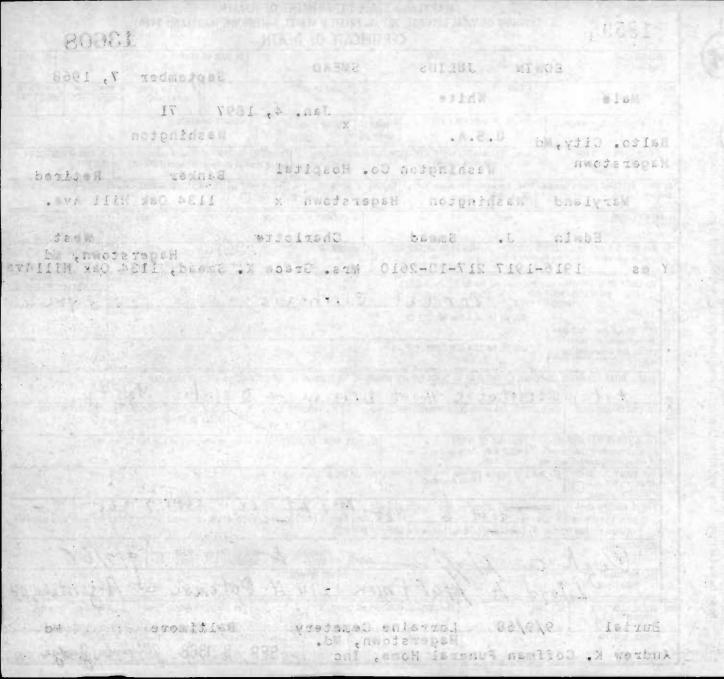
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13598 13608 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR ours after death (Type or print) **EDWIN** JULIUS SMEAD September 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. White Male last birthday) MONTHS Jan 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington U.S.A. WIDOWED | DIVORCED [ Balto. City. Md 10. CITY OR TOWN OF DEATH Hagerstown 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within during mast af warking life, even if retired.) INDUSTRY Tage 4 may be retained by my certificate has been signed by the attending physician and campletely for the transfer of the base remays carban and the base remays carban. Wit Co. Hospit Retired Banker remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13 Washington Maryland YES NO Hagerstown 1134 Oak Hill Ave. IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Last West Charlotte Smead 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Haderstown, Md Yes, no, or unknown) 916-1917 217-10-2610 Smead. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF the hospital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta 125821C CERTIFICATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this hospitel) attended the deceased from Mey 27, 1968, to 88Pt 7, 1968, that (I) (we) last sow the deceased alive an 80 to 1968, and that in (my) (our) opinion death occurred an the date and haur and from the Page 4 may be retained by causes stated above, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURA 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE director, page should be filed 22d. PHYSICIAN 22e. ADDRESS NAME (Type) corstonnn should 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 9/9/68 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lorraine Cemetery 24. FUNERAL DIRECTOR Haderstown. Md.

Andrew K. Coffman Funeral Home, Inc.

1968

DATE SEP

VR A 15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
13609 CERTIFICATE OF DEATH

4											
	ECEASED-NAME	First		Middle		Lost		2a. DATE OF	DEATH		2b. HOUR A
()	Type or print)	Carl		E.	5	mith		Sept	Month 20	Day 1968 ear	6:20N
3. SI	EX		4. RACE		S	. DATE OF BIR			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
100	Male		Wh:	ite	33.00	3/11	./04		last birthday)	MONTHS DAYS S.	HOURS MIN.
7a, I	BIRTHPLACE (State a	r fareign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MARR	IED	9. COUNTY OF			
COU	"Virgini	a	USA		WIDOWED			WA	SHINGTON		Md
10. (	HAGERSTOV	EATH VN	give s	ME OF HOSPITAL OR INST treet address)	TATE H	OSPTTA	during mo	st of working	(Kind af work don Jife, even if retired. LV⊖17		
	ission) STATE		ed liyed, if instituti	an: Residence befare	13c. CITY OR T	OWN T	3d. INSIDE CITY LIF		REET AND NUMBER		
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14. 1	FATHER'S NAME	First	Middle	Last	IS.	MOTHER'S MAI			Middle		Lost
		nknow		Let soon security	1.7 141		M	artha			?
160. Y	(es, no, or unknown)	R IN U.S. ARM	ED_FORCES? or or dates of service)	16b. SOCIAL SECURITY NO		ORMANT			Address		
	No			213-16-5	607 M	rs.Mai			ith (abo	ve addr	MATE INTERVAL
	18. CAUSE OF DEA			ne far (a), (b), and (c).)				Wife)		BETWEEN O	NSET AND DEATH
	A O 2 A	IMMEDIA	TE CAUSE (a)	Gastrointe	estina	Lhemor	rhage	, massi	ve	lw	īk.
14	0737	1.1	DUE TO, OR A	S A CONSEQUENCE OF						The sales	
	Canditians, if any,		(b)	Esophagea	erros	sion_				unk	movm
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8	MARY			TING TO DEATH BUT NOT							
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CERTIFICATION						20o. AUTOP	NO 🗌	CAUSES	OF DEATH?		KIIFTING
MEDICAL CE	210. ACCIDENT WA OR CONTRIBUTING [ (If either, notify m	CAUSE OF DEATH	HOUR A.M. er) P.M.	Month Day Year		V INJURY OCCU	IRRED (Enter	nature of inju	ry in Port 1 or Part	2, Item 18.)	
ME	21d. INJURY OCCU While Not whi at wark at war	10	PLACE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	21f. LOC	ATION Street	or R.F.D. Na.	City	or Town	County	Stote
	22a. I certify to	that (I) (thi	ive on Se	ended the deceased pt. 20 19 (dibbrot) view the b	58_, and	thot in (my	, 19 <u>6</u> ) <b>(coc</b> r) opi	8, ta nion death o	9/20 , 1 accurred on the	19 <u>68</u> , that date ond haur	(I) (3444) las and from the
	22b. SIGNATURE	Domes	igo %.	Zarcia	DEGREI		L) DI	IED.	STAFF PHYS.	2c. date signed 9/20/68	3
	22d. PHYSICIAN'S NAME (Type)	Domi	ngo A. G	arcia, M.D	•	22e. ADDR	Penn	sylvani	i. State l a Ave.,	Hospital Hagerstov	m, Md.
230.	REMOVAL (Specify)		23/68	23c. NAME OF CI Lake V	iew C	em.		Hami	ON (City or Town)  1ton, Va		(State)
24.	FUNERAL DIRECTOR HO	Malle me In	y's s'ur	neral address Mary		inler	2So. REC'D BY	P 2 5 1	368 REGISTRA	r's signature	age.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physic director, page 3 should be detoched for use as the burial-transit permit. Then ple should be filed with the Stote Dept. of Heolth prior to burial, cremation, or removal, a Poge 4 may be retoined by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3610 13598 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR 24 haurs after death. death. and (Type ar print) Bessie Pauline September 24.00y 1968ar Snowden :20P M 4. RACE 3. SFX S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years lost birthdoy) HOURS Female White June 27, 1880 70. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Brownsville, Md. U. S. A. DIVORCED | WIDOWED X Washington 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR aw requires that the death certificate be executed within during most of working life, even if retired.) washington Co., Hospital Own Home Hagerstown 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Washington NO 🗌 Brownsville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle and in Albertus Coblentz Sarah Hoffmaster 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Harve ADess Grace. Md. Yes, na, ar unknawn) (If yes give wor or dates of service) ar remaval. 220-54-6190 Mr. Lilburn L. Snowden, Rfd. 2. Box 308 18. CAUSE OF DEATH (Enter only one couse per line\_for\_(a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. neumon IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if ony, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT € ONDITIONS. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been sise as the the the priar tab O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been : 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YEST NO 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. directar, page 3 shauld be detached shauld be filed with the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram. , and that in (my) (aur) opinion death accurred an the date and have and from the sow the deceosed olive on\_\_\_\_\_ couses stated abave, (1) (we) (did) (did not) yiew the body ofter deoth. 22b. SIGNATURI 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 145 S. Prospect St. Hagerstown, Md. William O. Rexrode, M. D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) MOVAL (Specify) 9- 28- 68 Brownsville Cemetery Brownsville, Wash. (
REGISTRAR 25b. REGISTRAR'S SIGNATURE

John H. Bast, Jr. 112 N. Main St. Boonsboro, Mcharl CCT

24. FUNERAL DIRECTOR

25o. REC'D BY REGISTRAR

4 1968

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Brital 9- 26- 63 Browneville Come org Browns Allo, hest. Co., Mr. Jens H. Dass, Jr. 112 M. Jain St. Boonsborn, M. . U. M. 1965

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH

_										
	ECEASED-NAME	First	Middle		Last	2a. DA1	TE OF DEATH			2b. HOUR
1	Type or print)	OLD C	ROMMER	SPA	ADE	SE	PT. 4pnth	1968	Year	11:45
3. 5		4. RACE			S. DATE OF BIRTH			. ,	UNDER I YEAR	IF UNDER 24 HRS.
	MALE		WHITE		11/12/190	0	6. AGE (In	nday) YRS. MO	ONTHS DAYS	HOURS MIN.
_	BIRTHPLACE (State ar fareign	25 CITIZEN OF	WHAT COUNTRY?	18 _			Y OF DEATH	1K3.		
	intry)				NEVER MARRIED					
	PENNSYLVAN			WIDOWED [		-	SHINGT			Md
	CITY OR TOWN OF DEATH	111	. NAME OF HOSPITAL OR I	NSTITUTION (If na		JAL OCCUPA	TION (Kind of w	ark dane		BUSINESS OR
	MA HAGERST		ASHINGTO		OSPITATION	RETT	RED CI	ALTE S	ERVIC	E
13a	USUAL RESIDENCE (Where of	deceased lived, if insti	tutian: Residence befare	13c. CITY OR		LIMITS? 13	e. STREET AND N	UMBER	3.15.00	
P	ENNSYLVANI	A 136. COUNTY	LTON WAT	REORDS	SURG YES N	10 🔀	RURAL	WARFO	ROSBU	IRG
_	FATHER'S NAME First	Middle		15.	MOTHER'S MAIDEN NAME	First		Middle		Last
	NATHA	N B. SPA	DE		EMMA		HENDER	SHOT		
160	WAS DECEASED EVED IN III		16b. SOCIAL SECURITY	V NO 117 IN	FORMANT			GERST	NWN	MD.
100		s give war or dates of service)		- 10	DNA L. BEN	77 1	18 LIN			MD.
_	NO		204 05	) 00 E	JNA L. DEN	112 1	TO LIN	COLIN		IMATE INTERVAL
	IB. CAUSE OF DEATH (En	ter only ane cause per	fin or (a), (b), and (s	11/11	2					ONSET AND DEATH
	PART I. DEATH WAS (	CAUSED BY: IMEDIATE CAUSE (a)	CAMINAU	/ yer	10 mg			1	1810	631
	4109	—	R AS A COUSEQUENCESO	L: 115	10 1 1	1.1		- X		
	Canditians, if any, which		13 1 0 0 17	2000	WIGHO	111	MY	1118	toro	
	rise ta immediate cause	(a), (b)-	R AS A CHISERUENCE O		2 6	1	1/	10/11/		
	stating the underlying co	ouse Due 10, u	K AS A GOISEGUISHCE O	4n/12.	Sell 115t	CAIRS	18202	1		
	last.	, (t)_	1 sour	Truct's	01 4010	0.00	WMI.	/		
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRI	BURNG TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION	GIVEN IN PART 1	(a)		
×	401									
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS P	PERFORMED	20a. AUTOPSY?		Ob. IF YES, WERE		SIDERED IN C	ERTIFYING
를					YES NO		AUSES OF DEATH?			
	21a. ACCIDENT WAS UNDE	RLYING 21b. TIME	OF INJURY	21c. HO	W INJURY OCCURRED (Ent	er nature at	injury in Part 1	ar Part 2. Item	n 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE			ır						
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	While Nat while	21e. PLACE OF INJUK	OFFICE BUILDING, ETC.	211. LOC	ATION Street or R.F.D. N	0.	City ar Tawn		Caunty	State
	ai wark ai wark			1	2-18	a	(1/1/	7		
	22o. I certify that (I	) (this hospital)	Mended the mecea	sed fram	. 19.1	(16_, ta		, 19	, thot	
	saw the deceos	ed olive on	708	.19, and	thot in (my) (our) op	pinion ded	oth occurred	an the dote	and hour	ond from the
		pove, (I) (we) (di	d) (did not) yiew the	e body after a	eatn.	/		1		
	22b. SIGNATURE	N	-11/1	1171	ATTENDING TO	MED.	STAFF	220.	E SIGNED	
	100	M ) NUN	yes m	DEGRE	E PHYS.	DIRECTOR	PHYS.	1	108	
	22d. PHYSICIAN'S	1.00			22e. ADDRESS		11	- (		
	NAME (Type) E	N. Lapliza	abal, M. D.		300 N. Po	tomac	St.	gersto	wn, M	d.
30	. BURIAL, CREMATION,	23b. DATE	23c. NAME O	F CEMETERY OR (	REMATORY	23d. LO	CATION (City or	Tawn)	(Caunty)	PENNA.
	REMOVAL (Specify)	9/7/68	BUCK	VALLEY	METHODIST	RFD	WARFO	ROSBU	RG FU	LTON
24	EUNERAL DIRECTOR	0	ADDRES		2Sq. REC'D			REGISTRAR'S SIG		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely that in by the fundal director, page 3 shauld be detached far use as the burial-transit permit. Then please remove coster papers. Pages 1 and should be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within:72 hours after death VR A15 (4) 30M REV. 1/68

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executing

Page 4 may be retained by the haspital ar attending physician.

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	13000		C	ERTIFICATE	OF DEATH			T907	-16
1.	DECEASED-NAME Fin (Type or print) JOHN		Middle E•	Lo Spei	st NCER	2a. DATE O		Day Year	2b. HOUR 2:30
3.	SEX MALE	4. RACE WH1	TE		E OF BIRTH 1/11/1874	ł	6. AGE (In years last highday)	IF UNDER 1 YEAR MONTHS DAY	IF UNDER 24 HR
7a co	BIRTHPLACE (State or foreign unity)	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED   NEV	/ER MARRIED DIVORCED		DEATH		
	CITY OR TOWN OF DEATH HAGERS TOWN	give	AME OF HOSPITAL OR INST street oddress)		during		life, even if retired		OF BUSINESS OR
13d	n. USUAL RESIDENCE (Where decemission) STATE N.J.	ased lived, if institu 13%. COUNTY	tian: Residence befare	13c. CITY OR TOWN Wildwood	13d. INSIDE CITY	Y LIMITS? 13e. ST	TREET AND NUMBER		
14.	FATHER'S NAME First Hran	Middle	Last Spence:		IER'S MAIDEN NAME	First Melinda	DATE OF DEATH  Menth Day  6. AGE (In years lost bighday) YRS.  UNTY OF DEATH  NASHINGTON  UPATION (Kind of wark done working life, even if retired.)  ANIC  13e. STREET AND NUMBER  Middle  Address  Cumberland,  Causes of Death?  Te of injury in Part 1 or Part 2, Iter  City or Town  Town		Lost Oyer
16	g. WAS DECEASED EVER IN U.S. A Yes, no, ocunknown) (If yes giv	RMED FORCES? e war or dates af service)	16b. SOCIAL SECURITY NO Unknown		ence A. S	pencer		s	
	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	CED DV.	ine for (a), (b), and (c).)	1 +1	1	3			OXIMATE INTERVAL N ONSET AND DEATH
2	stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	(c)	AS A CONSEQUENCE OF	T RELATED TO THE TI	ERMINAL DISEASE OI	RCONDITION GIVI	N IN PART 1(a)		
CEPTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR W	HICH OPERATION WAS PERI		a. AUTOPSY? YES \to NO [	CALISE		GS CONSIDERED IN	CERTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. miner) P.M.	Manth Day Year 19				ory in Part 1 ar Part	t 2, Item 18.)	
W	While Nat while at wark		( AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	- A - A - A - A - A - A - A - A - A - A				Caunty	Stote
	snw the decensed	alive on AV	ended the deceased S:30 19 (did not) view the b	68 and that	in (my) (eur) o	pinion death	occurred an the	19 <u>65</u> , the date and hou	at (I) ( <del>we</del> ) I or and from t
	22b. SIGNATURE  DEGREE PHYS.  DEGREE PHYS.  22c.  DIRECTOR STAFF PHYS.  22c.  22c.							22c. DATE SIGNED 7/3/68 4=cers	tonn
L	o. BURIAL, CREMATION, REMOVAL (Specify)	9/6/1968	Burns	EMETERY OR CREMA	TORY	23d. LOCATI	ON (City ar Tawn)  ynesboro	(County) Frankli	(State)
74	FUNERAL DIRECTOR		Waynesboro,		2Sa. REC'D	EP 6		AR'S SIGNATURE	udar

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter tilled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs at Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013613 CERTIFICATE OF DEATH 13601 DECEASED-NAME First Middle last 2g. DATE OF DEATH 2b. HOUR (Type or print) SPENCER THOMAS RAY September 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 7891 last birthday) MONTHS White May 31 1968 Male 74 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED M NEVER MARRIED country) WIDOWED [7] DIVORCED [ W. Va. Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Supervisor

13d. INSIDE CITY LIMITS? 13e. STREET AND NU

YES NO Hagerstown Wash County Hospital

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. Bell Tel. 13e. STREET AND NUMBER Virginia Greenbriar Richwood None 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last Lydia R. Hinkle Charles Spencer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 271-01-0179 Dr Charles C. Spencer 2209 Rowland Rd 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) H agerstown Md. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: eft Kidney with Metastases arcinoma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. Ng. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram Jan-, 1904, ta Jent, 1904, that (I) (we) last saw the deceased alive an 1964, and that in (my) (aur) apinian death accorded an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b, SIGNATUR 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Charles C. Spencer M.D. 145 So Prospect St Hagerstown Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE Wate Va 9/22/68 Morningside Cemetery Renick Greenbrier Co 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 23

Andrew K. Coffman Funeral Home Inc

requires that the death certifical signed by hos been the hospital or O FUNERAL DIRECTOR: After this certificate be retoined

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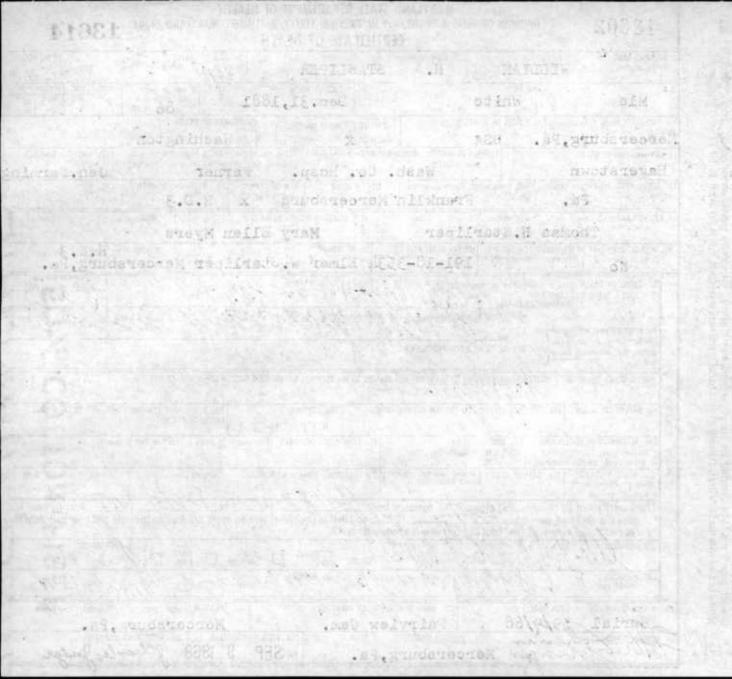
Mercersburg, Pa.

2So. REC'D BY REGISTRAR

1968

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2Sb. REGISTRAR'S SIGNATURE



film 406 & 22a

within permit. buriol-transit 2. 0 00 used pe 10 3 should cremation, FUNERAL DIRECTOR: Page Heolth

writing the word

please execute the certificate,

the funeral director. Page

DICAL EXAMINER:

mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13615 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First Middle Lost 20. DATE KNOWN (Type or Print) ESTI-WILSON DEATH MATED & Sept ANDREW STARLIPER 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD last birthday) DAYS White July 16 1968 13 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Maryland
10. CITY OR TOWN OF DEATH WIDOWED [ DIVORCED Washington
120. USUAL OCCUPATION (Kind of work done USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) give street oddress) Hagerstown 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR DOWN 13e. STREET AND NUMBER Washington Mary Tand YES NO X Garis Shop Road agerstown 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Wilson A Starliper Jr Jane Stuck 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Wilson Jr Hagerstown Starliper Shop Hoad None Garis 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) \*Permittex Interstitial Preparation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described abave, held an Autapsy Inspection Inquiry death resulted fram: Natural causes X Accident Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Sept. 30, 1968 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) 215 W. Washingtone Sit town Hagerstown Md. 23d. LOCATION (City or Town) BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial Broadfordind Dunkard Cemetery agerstown Md ADDRESS 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Coffman Funeral Home Inc 1968 DATOCT

MARYLAND STATE DEPARTMENT OF HEALTH

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

YES

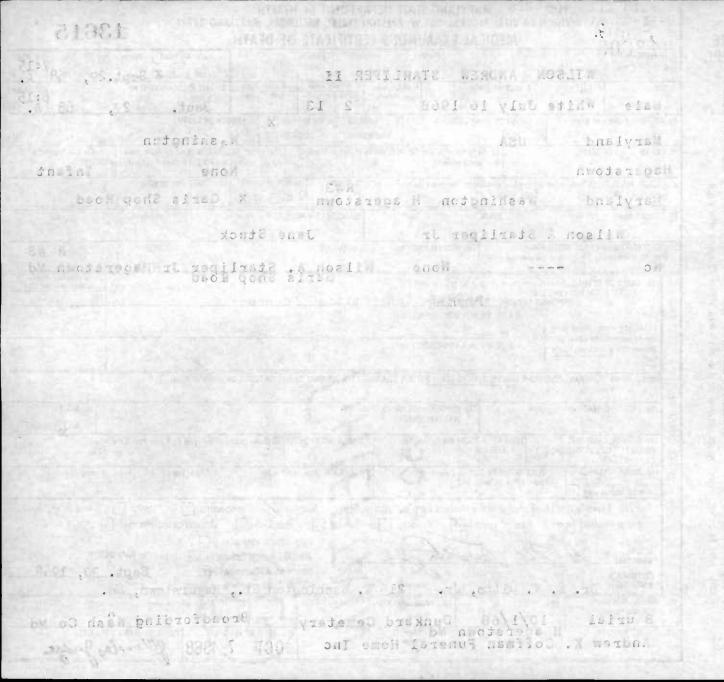
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DIVISION

OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	40010
OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	13616
The state of the s	

1. DECEASED-NAME First (Type ar print) KATHARIN		Middle EPHERD		lost STEHL		20. DATE C		y 68 Year	2b. HOUR
3. SEX	4. RACE	OI HEALD		S. DATE OF E	IDTH	OBLI	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
FEMALE	WHITE			1	9, 1879	9	last birthdoy) YRS.	MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	OUNTRY?	B. MARRIED	☐ NEVER MA	RRIED	9. COUNTY O	F DEATH		
country) WEST VIRGINIA	U.S.A.		WIDOWED		RCED 🗌	WAS	HINGTON		Md.
10. CITY OR TOWN OF DEATH		OF HOSPITAL OR INS					N (Kind of work done		F BUSINESS OR
HAGERSTOWN				HOSP.			glife, even if retired.)	INDUSTRY H	HOME
13a. USUAL RESIDENCE (Where deceoradmission) STATE MARYLAND	ised lived, if institution: I 13b. COUNTY WAS	Residence before HTNGTON	HAGEE	RSTOWN	13d. INSIDE CITY LIV YES NO		TREET AND NUMBER  OF POTOMAC	AVE.	
14. FATHER'S NAME First	Middle	Last			AIDEN NAME FI		Middle		Lost
JAMES	BUCHANAN	LUCAS			ELLEN	1	EROOKS	LUC	CAS
16a. WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b.	SOCIAL SECURITY N		INFORMANT		Daylor		LINTON	AVE
Yes, no, or unknown)   (If yet give )	war or dates of service)		W	ALTER E	. STEH	JR.	HAGERSTOWN	. MARY	AND
18. CAUSE OF DEATH (Enter or		r (a), (b), and (c).	1	-	M	1	> LO	SCIWER C	MATE INTERVAL DISET AND DEADH
PART I. DEATH WAS CAUSE	ED BY: NATE CAUSE (a)	ruge	40	1	Heo	ent	7 andew	le J	when
Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last.	(b)	erter	wer !	Scler	The au	Hea	Soley.	in 5	gro
PART 2. OTHER SIGNIFICANT CO	NDIFICUS CONTRIBUTING	TO DEATH BUT NO	OT RELATED I	O THE TERMIN	AL DISEASE DRO	ONDITION CITY	EN IN PART I(a)	/ / /	(V)
= 4200 /Y	ilra 5	TRAK	tre	cent	4.1	Ver	hucalas !	typu	hopy.
19a: DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PER	MORMED	YES T	NO [		IF YES, WERE FINDINGS C ES OF DEATH?	ONSHERED IN C	ERTIFYING
S Contenuous Cause of DEA	iner) HOUR A.M. Mi	onth Day Year 19			CURRED (Enter	nature of in	ury in Part 1 or Part 2,	Item 18.)	TI
≥ 21d. INJURY OCCURRED 21e. While Not while at work at work	PLACE OF INJURY (AT HE	OME, TARM, STREET, TAC CE BUILDING, ETC.	708Y.) 21f. 1	OCATION Stre	et or R.F.D. No.	GI	y or Town	County	State
22a. I certify that (1) XIII saw the deceased of causes stated above	nlive on 101	72	9 A, an	d that in (n	ny) (otix) opin	nion death	occurred on the do	that ate and hour	t (I) (We) last and from the
22b. SIGNATURE	The	all	4 000	ATTEND PHYS.		RECTOR	STAFF C	DATE SIGNED 9/3/68	
22d PHYSICIAN'S JACK	K HENSON BE	ACHLEY,	M.b.	22a. AD 22]		HINGTO	N ST., HAGES	RSTOWN,	MD.
	DATE	23c. NAME OF	CEMETERY OF	CREMATORY		23d. LOCAT	ION (City ar Tawn)	(County)	(Stote)
REMOVAL (Specify) BURTAT	9/5/68		ILL C	DMONDRA		HAGER		HINGTON	MD.
24. FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D B'		2Sb. REGISTRAR'S		
- Karles m Kore	HA	GERSTOWN	, MAR	YLAND	DAISEP	9 19	68 gelian	les Jus	gu .

ours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-with Page 4 may be retained by the hospital ar attending physician.

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20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) County Stote 22a. I certify that (I) (this haspital) attended the deceased fram Valy 23, 1966, ta Sept. 2, 1968, that (I) (we) last saw the deceased alive an September 2 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the 22c. DATE SIGNED Suptember 2, 1968 NAME (Type) director, should be Western DOMINGO A. GARCIA MaryLand 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9-4-68 Finleyville Cemetery Finleyville. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 5 1968 DATSEP 30M REV. 1/68 Hagerstown. Minnich Funeral Home

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

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1. DECEASED-N			Middle		Last	20	DATE OF			2b.	. HOUR
(Type or pr	nt) Leo	nard	Eldrid	ge	Vance		Ser	otember Doy	14.19	68 7	135
3. SEX	male	4. RACE	white		3-1-18	97		6. AGE (in years	IF UNDER 1 YE	AR IF WO	
Virgi	E (State or foreign  nia	7b. CITIZEN OF WI	HAT COUNTRY?	WIDOWED				DEATH shington (Kind of work done	TIOL KIND	OF DISCINIC	M
Ha	gerstown	give :	021 Mt.A	etna F	load	Stee]	ole je	ife, even if retired.)	INDUSTR	of Busine Sel Doye	.1
130. USUAL RE admission) S	SIDENCE (Where deced	13b. COUNTY	ian: Residence befare  Wash •	13c CITY OR 1	town 13d. IN	ISIDE CITY LIMITS?		EET AND NUMBER	etna	Road	l
14. FATHER'S N		Middle ge B. V	last ance		MOTHER'S MAIDEN	Dosh		Middle aldwell		Last	
Yes, na, ar a	EASED EVER IN U.S. AR Unknown) (If yes give	MED FORCES? war of dates of service)	166. SOCIAL SECURITY I 214-16-1	018 Mr.	formant s. Mary	Vanc	е На	gerstown	,Md.	ROXIMATE INTE	
Condition rise to in	T I. DEATH WAS CAUSI	ED BY: IATE CAUSE (a)  DUE TO, OR  (b)	no for (d), (b), and (c).  A CONSEQUENCE OF	Myr.	Cach	tie	Ale.	art as	BETWIN	HIZ HIZ	DEATH  21
= 420	2/		TING TO DEATH BUT N		THE TERMINAL DISE	NO	20b. IF	IN PART 1(a) YES, WERE FINDINGS ( OF DEATH?	ONSIDERED 1	IN CERTIFYII	NG
OR CON (If either 21d. IN) While of work	Nat while at work	HOUR A.M. P.M. P.M.	Month Day Yeor  19  (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	2) 21f. LOO	ATION Street or I			or Tawn	Caunty	h-4 (I) (	State
sa	w the deceosed ouses stoted obo	nlive on	ended the decease (did not) view the	body after d	eath.  ATTENDING	MED.	deotho	STAFF -	nte and ho		we) la: rom th
	ME (Type)	TURO	RIG	DEGRE	22e. ADDRESS	DIRECT	an	telan 8	Page	ide	m
Burial,	(Ipecify) 9-	DATE -17-1968	Rose		Cemeter	у	Hag	N (City or Town) erstown	(County)	(Sta	(e)
24. FUNERAL Minni	or Funer	cal Home	Hagerst	own, Mo	3	RECD BY RE	GISTRAR 19	2Sb. REGISTRAR'S	SIGNATURE	udge	

es 1 and 2 after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Ca director, page 3 should be detached for use as the burial-transit permit. Then please remove, should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any

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within 24 haurs after death

and completely filled in by the

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pageshauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13607		DIAISION OF	VIIAL RECORDS		CATE OF		TIOKE, MAK	TLAND ZIZUI	136	319
	ECEASED-NAME	First	1/1-	Middle		Last		2a. DATE OF			2b. HOUR
(	Type ar print)	Jol	hn	Robert		Wagn	er	Sept	ember	15,196	8 3 M
3. S	EX		4. RACE			S. DATE OF B			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	male			white		5-1	6-1900	)	last birthday)	S. MONTHS CLAY	S HOURS MIN
7a.	BIRTHPLACE (State or f	areign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIEI	D 📉 NEVER MAR	RIED 9	COUNTY OF			
Pe	nnsylvan	ia	USA		WIDOWE		RCED 🔲		shingto		Md
10.	CITY OR TOWN OF DEA	TH	11. N	AME OF HOSPITAL OR IN	ISTITUTION (II	f nat in haspital	12a. USUAL	OCCUPATION	(Kind af wark dan	e 12b. KIND	OF BUSINESS OR
	Hagerst	own	WES	she count	y Hos	pital	Mech	I of wELLIS	inee fried	Sand	Blast
13a. adm	USUAL RESIDENCE (Wissian) STATE	nere decease	d lived, if institu 13b. COUNTY	wash.	13c. CITY C	or town rstown	13d. INSIDE CITY LIM YES NO		Pangbo	rn, Bl	vd.
14.	FATHER'S NAME F	irst	Middle	Last		15. MOTHER'S M	AIDEN NAME Fir	st	Middle		Last
	J	ohn l	F. Wagr	ner	250	200	Har	mah N	oriconk		
160	. WAS DECEASED EVER	IN U.S. ARME	ED FORCES?	16b. SOCIAL SECURITY	NO. 17	. INFORMANT			Address		
,	res, rerunknawn)	(ILWW) we	1 dates of service)	214-09-	5978	Mrs. E	. Loui	ise Wa	gner Ha	gersto	wn, Md.
	18. CAUSE OF DEAT	H (Enter anly	ane cause per li	ne for (a), (b), and (c)	),)						OXIMATE INTERVAL N QNSET AND DEATH
	PART I. DEATH	WAS CAUSED		( MA	nIn	oma	inses			4	month
	157.9	IMMEDIAI	The state of the s	AS A CONSEQUENCE OF			,	. /			
	Canditians, if any, w	hich gave)	61	makalil	e (	Meli	when	H NI	mores	2	
	rise ta immediate c		DUE TO (08)	AS A CONSEQUENCE OF			100	119			
	stating the underly	ng cause	(e)	(15.15) SAMON AND THE REAL PROPERTY AND			/	0			
	PART 2. OTHER SIGN	IFICANT COND	DITIONS CONTRIBL	JTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR CO	NDITION GIVEN	I IN PART 1(a)		
-	157×191	lon	1 roch	eli	He	arl	De	reas			
CERTIFICATION	19a. DATE OF OPERATION	ON 19b. C	ONDITION FOR WI	HICH OPERATION WAS P	ERFORMED	20a. AUTO	PSY?		YES, WERE FINDING	S CONSIDERED IN	CERTIFYING
IFIC						YES	NO H	CAUSES	OF DEATH?		
	21a. ACCIDENT WAS	UNDERLYING	21b. TIME O	F INJURY	21c.	HOW INJURY OC	CURRED (Enter	nature of injur	y in Part 1 ar Part	2, Item 18.)	
MEDICAL	OR CONTRIBUTING [				9						
MED	21d. INJURY OCCURR			( AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC.		LOCATION Stre	et ar R.F.D. Na.	City	ar Tawn	County	State
	While Nat while at wark			OFFICE BUILDING, ETC.	/	-1		11	01.	101	
		ot (I) (this	hospital)_att	ended the deceas	ed from	2//	2 19	, 10	1115	19 0 th	of (1) (we) las
	saw the de	ceased ali	ve on	12	1960, a	nd that in (m	y) (our) opin	ion deoth o	ccurred an the	date and hou	ur and from the
10	couses stat	ed abave,	(I) (we) (did)	(did not) view the	body afte	r death.			10 10 33	,	/
	22b. SIGNATURE	ou	3 John	Mari	two	GREE PHYS.		ED. RECTOR	STAFF PHYS.   2	PATE SIGNED	168
	22d. PHYSICIAN NAME (Type)	Dona	ld E. Ma	rtin, M.D	•	22e. ADI 363	S. Clev	veland	Ave., Ha	gerstown	n, Md.
230	BURIAL, CREMATION,	23b. D	ATE	23c. NAME OF	CEMETERY C	OR CREMATORY		23d. LOCATIO	N (City ar Tawn)	(County)	(State)
	BEMOVAL (Specify)		18-1968	Rest	Have	R CREMATORY  Ceme	tery		rstown.		
	FUNERAL DIRECTOR			ADDRES	S	4-3-5	2Sa. REC'D BY		2Sb. REGISTRA	R'S SIGNATURE	
M	linnich F	uner	al Home	Hagers	town,	Md.	DATE SEF	18 1	968 gci	ionles J	notge.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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-				CERTIFICA	TE OF D	DEATH			TOO	CO
1. DECEAS			Middle		Lost	20.	DATE OF DEATH	1 0-	V	2b. HONR
(түре с	ar print)	ERT	BLOOM	WAKE	NIGHT		Sept 7	1968	Yeor	10.30
3. SEX	200	4. RACE		S.	DATE OF BIRT	H	6. AGE (last bir	In years IF	UNDER I YEAR	IF UNDER 24 HRS.
	Male	Whi		Au	g 2 1	900	68	YRS.	INTITIO DATA	HOOKS MIN.
7o. BIRTH country)	IPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED		ED .	UNTY OF DEATH			
Ma	ryland	U.S.		WIDOWED _	DIVORC		Washin			Mo
10. CITY C	OR TOWN OF DEATH		OF HOSPITAL OR IN: et address)		n haspital		UPATION (Kind af		12b. KIND OF INDUSTRY	BUSINESS OR
	erstown		5 Pin (				warking life, even		er	
130. USUA admissian	AL RESIDENCE (Where deceose ) STATE	d lived, it institution:	Residence befare	13c. CITY OR TO	OWN 13	d. INSIDE CITY LIMITS? YES NOX X	13e. STREET AND		and	
LA FATUE	Maryland R'S NAME First	13b COUNTY Washin	igton H	agerst	OWN		003 7111	Middle	oau	1
14. FAIRE		Middle		13. N		DEN NAME First		Middle		Lost
160 WAS	DECEASED EVER IN U.S. ARMI	T. Waken	b. SOCIAL SECURITY	NO 117 INFO	DRMANT	tie Bl	oom	Address	***	
	o, or unknown) (Il yes give wa	r or dates of service)				- F	Wakenig			
10	CAUSE OF DEATH (Enter only				S_ne.	en -	MAKEMIY		APPROXIM	MATE INTERVAL
10.					su'an	1 = == 4:	can a duic		BETWEEN O	ONSET AND DEATH
1	+120 IMMEDIA	BY: E CAUSE (o)	CONSEQUENCE OF	7	YE	The state of the s	a L	n of	10	nours
	diffions, it ony, which gove )	/L)	Hup in t	micr	endi	numaria	r dis Ex	e3	111 4	12 ams -
	to immediate couse (o), (		CONSEQUENCE OF				, , , , , , , , , , , , , , , , , , , ,		0	,
lost.		(c)						- 1		
PAR	T 2. OTHER SIGNIFICANT CON	ITIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO T	HE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART	1(a)		
× 4	43x									
190.	DATE OF OPERATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTOP:	SY?	20b. IF YES, WER		SIDERED IN CI	ERTIFYING
RTIFI	Lawrence C.				YES 🗌	NO 🗌				
	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH		JURY Month Doy Yeor		INJURY OCCU	RRED (Enter notus	re af injury in Part	1 ar Port 2, Item	n 18.)	
if e	either, natify medical examina	er) P.M.	1	9			7-1-1-5			
	. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT	HOME, FARM, STREET, FA FICE BUILDING, ETC.	21f. LOCA	TION Street	or R.F.D. Na.	City or Town		County	State
ot we	ile Not while ork at work	1 . 1	1 1 1 1	1.5		× 10 00	An	~ 10 /	D 11-1	(1) ( ) 1
220	a. I certify that (I) (this	s haspital) attend	led the decease	ed fram 19 68 and t	hat in (my	Lour aninian	death accurred	an the date	and hour	and from th
	causes stated abave,	(1) (we) (did) (di	d not) view the	bady after de	ath.	, (our) aprillari	addin accorda	an me date	dild ilddi	una mam m
22b.	SIGNATURE	11.1		2	ATTENDING	MED.	STAFF		E SIGNED	
		HHom	baker i	hi DEGREE	PHYS.	DIRECTO	OR LJ PHYS.		9-9-	63
22d.	PHYSICIAN'S NAME (Type) John	H. Homb	aker		22e. ADDR		West Wash	-		
			Too was				rstown, l		1740	(0)
23a. BUR REM	RIAL, CREMATION, 23b. D MOVAL (Specify) 1 9/			CEMETERY OR CR			LOCATION (City or		(Caunty)	(State)
	RAL DIRECTOR Hage:	10/68	d ADDRESS	Cemet		So. REC'D BY REG	gerstow	REGISTRAR'S SIG	NATURE	6
	indrew K. C					DASEP 1 3		Cliante		44
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completely filled in by the funeral within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician any compley director, page 3 should be detached far use as the burial-transit permit. Then please removed should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute Page 4 may be retained by the haspital ar attending physician.

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K. Coffman Funeral Home Inc

VR A15 (4)

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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PE .	(1	CEASED-NAME ype or print)	Rose		Middle		rrenfel	Ltz	. DATE OF DEATH Mont	er 21	1, 1968
<b>S</b>	3. SE	X	4.3	4. RACE			. DATE OF BIRT		6. AGE (	In years thdoy)	MONTHS DAYS
ra o Sr	7 .	Female		White	COLUMNIA		June 8,		89	YRS.	3 16
rs. Pa haurs	cour	BIRTHPLACE (State or fatry) Ohrersvill	foreign /b.	. CITIZEN OF WHAT			NEVER MARRI	IED _	OUNTY OF DEATH		
ape n 72	10.0	ITY OR TOWN OF DEA	Le, Mq.	U. S.	OF HOSPITAL OR I	WIDOWED _			ashingtor CUPATION (Kind of		12b. KIND OF BU
ban		Boonsboro,	Md.	give stre	rney- Ke	edy Mem	. Home	during most o	working life even	if retired.)	INDUSTRY HO
e e	13o. odmi	USUAL RESIDENCE (WH ssion) STATE	here deceosed	lived, if institution 13bCOUNTY Washin	Residence before	Boonsb		YES NO NO	13e. STREET AND 210 N		St.
ome omy			irst	Middle	Lost	15.	MOTHER'S MAIL	DEN NAME First		Middle	
E /		Tilg	hman		Norri	8		Annie			Mange
and	160.	WAS DECEASED EVER	IN U.S. ARMED		b. SOCIAL SECURITY	Y NO. 17. INF	ORMANT		VARIA ES	Address	
20		es, no, or unknown)	(it hes dive wor or	dules of service)	None	Mr	s. Rose	00e H. H	ammond, I	eedys	ville, M
r remov		18. CAUSE OF DEATH V	WAS CAUSED BY	Y:	for (o), (b), ond (	1) Ate	oxel	lebie	Houte	Dioce	APPROXIMAT BETWEEN ONSE
transit permit crematian, cr	9	4129		DUE TO, OR AS	A CONSEQUENCE O	F		7.	1		
ransit remat		Conditions, if ony, w		(b)		1000	nego l	uni	we		Ln
		stating the underlyi		DUE TO, OR AS	A CONSEQUENCE O	F	/				
burial, burial,		lost.	JULICANIT CONDIT	(t)	C TO DEATH DUT	NOT DELATED TO	THE TERMINAL I	DICTACE OD COURT	TION CHUTH IN DAD	24.3	
		PART 2. OTHER SIGNI	IFICANT CONDIT	IONS CONTRIBUTIN	G TO DEATH BUT	NOT KEEATED TO	THE TERMINAL I	DISEASE UK CONDI	TION GIVEN IN PART	1(0)	,
far use as the Health priar ta	CERTIFICATION	190. DATE OF OPERATION	ON 19b. CON	IDITION FOR WHICH	OPERATION WAS I	PERFORMED	20a. AUTOPS	SY?	20b. IF YES, WER		ONSIDERED IN CER
d far us af Health	MEDICAL CERT	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH		Month Doy Yes			IRRED (Enter not	ure of injury in Port	1 or Port 2,	Item 18.)
pept.	MED	21d. INJURY OCCURR While Not while at work of work	RED 21e. PLA	CE OF INTURY (AT			ATION Street	or R.F.D. No.	City or Town		County
the State		22a. I certify th	nat (I) (this h	haspital), attende e an (dja) (di	- 10	14 a and	that in (mv)	, 19 6 8 ) ( <del>our)</del> opiniar	death occurred	l an the da	, that ( ite and haur ar
ed with the		22b. SIGNATURE  DEGREE ATTENDING DIRECTOR STAFF PHYS.  DIRECTOR PHYS. 24 d									
U)		22d. PHYSICIAN'S NAME (Type)	9.	w. h.	e dan	M-6	22e. ADDR1	Boz	relo	20	ma
d be fi	and the										
director, pa	330.	BURIAL, CREMATION,	23b. DAT 9-	26- 68		F CEMETERY OR C			Boonsbor	,	(County)

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John H. Brat, Jr. 412 M. Min St. Boonsbore, No.

on winding. E. S. C. . S. C. . Strivered on the contraction

Feprin Price June 8, 1879 89 3 15

Brocesboro, P.s. Friener- Kerdy Mar. Hote Housewill Was note

Mirtena Borrig Amis Manis

Statel 2-25-60 Educator Sugartery Boomanors, Man. Do., Md.

Mona More Concord I. Manusera, codyravillo, Mi.

Maryland Heart Household 210 F. Hall St.

4 hours of

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the deoth certificate be execute

Page 4 may be retained by the hospital or ottending physician.

Home Hagerstown,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13622

13610

CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle		Last	2a. DATE	OF DEATH			2b. HOUR
(	Type or print)	Ruby	Lee		Waugh			9 Manth 1		58 <sup>Year</sup>	11:30
3. S		4	. RACE			DATE OF BIRTH	67	6. AGE (In year:	S IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	female		white			2-19-47		211mody)	YRS.	NIHS DATS	nouks min.
	BIRTHPLACE (State ar f		CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY				
COU	Md.	J	JSA		WIDOWED [	DIVORCED [	We	ash.			M
	CITY OR TOWN OF DEA		11. NAME	OF HOSPITAL OR INS				ON (Kind of work d		12b. KIND OF	
	agerstow			et oddress) Co.	Hospi			ing life, even if retir		BUTTE	dealer
13a. adm	USUAL RESIDENCE (WI issian) STATE	here deceased li		Residence befare	Sharps		NO [	STREET AND NUMBE	.R		
14.		irst George	Middle L. Ha	rsh	1S. A	OTHER'S MAIDEN NAME		Midd	ile	V M	Lost
160	. WAS DECEASED EVER			b. SOCIAL SECURITY I	NO. 17. INFO	DRMANT		Addre	229		
1	res, no, or unknown)	(If yes give war or d			Mi	chael Wat	ugh	Sharpsb	urg	. Md.	
	18. CAUSE OF DEAT	H (Enter only or	ne couse ner line	far (a) (b) and (c)				*		APPROXIA	MATE INTERVAL
				MAQUAS		LCALIDAL -	SI.	AMENOUSH A	1300		NSET AND DEATH
	1991	IMMEDIATE C		A CONSEQUENCE OF			2217	- LENGLIN	-		
	Canditions, if ony, w	hich gave)		A CONSEQUENCE OF							
	rise to immediate o		(b)	CONSEQUENCE OF							
	stating the underlyi	ing couse	(c)								
	PART 2. OTHER SIGN	FICANT CONDITION	ONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION G	IVEN IN PART 1(a)		-	
_	1992		1 5735								
CERTIFICATION	190. DATE OF OPERATION	ON 19b. CON	DITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY?	CALL	JSES OF DEATH?	NGS CONS	IDERED IN CE	RTIFYING
ERTI	21a. ACCIDENT WAS	IINDEDI VING	21b. TIME OF IN	IIIIDV	Tara HOW	YES NO		inium in Dark 1 or Dr	- 1 lan	101	
MEDICAL C	OR CONTRIBUTING (If either, natify med	CAUSE OF DEATH	HOUR A.M.	Manth Day Year	1	INJURY OCCURRED (En	iter noture of i	injury in Port I of Po	iri Z, item	1 18.)	
ME	21d. INJURY OCCURR While Nat while at wark at wark	ED 21e. PLAC	CE OF INJURY (AT			TION Street or R.F.D. N	Na. (	City ar Town	(	County	Stote
	22o. I certify th	ot (I) (this h	ospitol) otteno	ded the deceose	ed from 17	Jana , 19.	<u>ሬ%</u> , to_	i Sent	, 196	원, thot	(I) (we) lo:
	sow the de	ceosed olive	on 1 50	d not) view the	9 <u>68</u> , ond t	hot in (my) (our) o	pinion deot	th occurred on th	ne dote	ond hour	ond from th
	22b. SIGNATURE	P			Paralli.	ATTENDING -	MED.	STAFF		E SIGNED	in Te
	00	at the	-Q-	Mis	DEGREE	ATTENDING PHYS.	DIRECTOR L	PHYS.	3 5	SEPT.	1968
	22d. PHYSICIAN'S NAME (Type)	W M	. FEND			22e. ADDRESS 218 N. Pa		S- 11.			u Ws
					CENTERNY OF CE						
	BURIAL, CREMATION, PEMOVAL (Specify)	23b. DATE		-	CEMETERY OR CR			ATION (City or Town)	,	County)	(Stote)
_	FUNERAL DIRECTOR	1 7-4	-00	ADDRESS		emetery 2Sa. REC'D	BY REGISTRAL				
	Winnich	Funero	1 Home			CED		68 gely		Judg	e

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion ond completely tilled in by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then pleose remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

Minnich Funeral

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S.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13623 CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First uneral 1 and 2 rr death. nours after death (Type or print) Nathaniel Wilson 4eorge 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNOER 24 HRS. 3. SEX lost birthday) MONTHS DAYS HOURS Male May 22, 1891 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Frederick, Md. Washington WIDOWED X DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) Washington County Hospital Hagerstown 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS 13m STREET AND NUMBER admission Maryland YES [ NO K R # 4 Hagerstown requires that the death certificate be execu-UND FAJHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Middle Thomas Smith Wilson please Address Hagerstown, Md. 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Mrs Mary Lon Mayes 1800 Virginia Ave. 214-09-6685 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) crematian, Canditions, if ony, which gove burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed ! burial, PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 14b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗍 ad for use 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M detached 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 19 and that it and that inday) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_ be retained shauld causes stated above, (1) (we) (did) (did nat) view the bady after death 22b, SIGNAT 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. director, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S Hagerstown, Md. 21740 Prospec 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Hagerstown-Washington-Md.
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 9/10/68 Rest Haven Cemetery 2So. REC'D BY REGISTRAR VR A15 (4) Marela DATSEP 1968 30M REV. 1/68 Rest Haven Funeral Chapel Hagerstown Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. completely filled in by the fun e carbon papers. Pages 1 event, within 72 hours after **IO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physic director, page 3 shauld be detached far use as the burial-transit permit. Then ple shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, a

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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. DECEASED-NAME	First		Middle	(CHI)	Last		2a. DATE	OF DEATH	itc-swill	2	b. HOUR
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a. WAS DECEASED EVER Yes, no. or unknown)	IN U.S. ARMED	I a la l	16b. SOCIAL SECURITY I		. INFORMANT			Addre		6.35.	9 82
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18. CAUSE OF OEAT	H (Enter anly as	ne cause per lir '.	ne far (a), (b), and (c).	100	tuna.	111	014	hist		WEEN DISET AN	
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stating the underly last.	ng cause	(c)	S A CONSEQUENCE OF						14 3		
PART 2. OTHER SIGN	IFICANT CONDITI	ONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION GI	VEN IN PART 1(a)		7-10	
4201	3-Fin		VELOCIONO.								
19a. DATE OF OPERATION 21a. ACCIDENT WAS	ON 19b. CON	DITION FOR WH	IICH OPERATION WAS PE	RFORMED	2Da. AUT YES		CALL	IF YES, WERE FINDINGSES OF DEATH?	NGS CONSIDERED	IN CERTIFY	ING
21a. ACCIDENT WAS	CAUSE OF DEATH		Manth Day Year	9				njury in Part 1 ar Pa	rt 2, Item IB.)		
While Nat while			( AT HOME, FARM, STREET, FAC DEFICE BUILDING, ETC.		0		101	ity ar Tawn	Caunty		State
saw the de	ceased alive	an	ended the deceose l (did not) view the	9, a	nd that in (r	72, 19 ny) (our) op	oinion deat	h occurred on th	, 1 <u>0 8</u> , le date ond l	that (I) havr and	(we) lo from th
22b. SIGNATURE	ms	has	ger		GREE PHYS.		MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGN	7/6	8
22d. PHYSICIAN'S NAME (Type)	L.M.S	SHAFFE	R		22e. AD	HANCO	CK MD	•			
BRENRY LANGECITY)	23b. DATE 9 • 28	3.68	23c. NAME OF			PTIST		TON COUL			ate)
4. FUNERAL DIRECTOR  How role	OY	Hea	ADDRESS	2000	Oz ma	/1	BY REGISTRAR  CT 2		RAR'S SIGNATUR	_	40

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